



**CCON Recon Inc.**

Unit 108 - 2707 Progressive Way  
Abbotsford, BC. V2T 0A7

Phone: 604-859-2855  
Fax: 604-859-2933

**SHIPPING DOCUMENT**

<u>Consignor (Shipper):</u> <u>Address:</u>  <u>Ph. #:</u> <u>Registration #</u>	<u>Consignee (Shipped to):</u> <b>CCON RECON INC.</b> <u>Address:</u> <b>#108 - 2707 PROGRESSIVE WAY.</b> <b>ABBOTSFORD BC, V2T 0A7</b>  <u>Ph. #:</u> <b>604-859-2855</b> <u>Registration #</u> <b>BCG 94137 / EQUIVALENCY CERTIFICATE SU11250 (REN 3)</b>
<u>Date / Time:</u>	<u>Point of Origin:</u>
<u>Name of Carrier:</u>  <u>Registration #:</u> <u>Transport unit #:</u>	<u>Carrier Address:</u>  <u>Ph. #</u> <u>Shipping Document #:</u>

**REGULATED DANGEROUS GOODS**

<u>24 Hr. Emergency Number:</u>	(only if applicable) <u>ERAP reference #:</u> <u>ERAP telephone number:</u>
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UN No.	Shipping Name.	Primary Class.	Subsidiary Class.	Packing Group.	Total Quantity (Kg or L)	Number of Packages
<b>UN2794</b>	<b>BATTERIES WET FILLED WITH ACID</b>	<b>8</b>			<b>KG</b>	<b>SK</b>

Consignor Certification Statement. *I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, are properly classified and packaged, have dangerous goods safety marks properly affixed or displayed on them, and are in all respects in proper condition for transport according to the Transportation of Dangerous Goods Regulations.*

<u>Phone. #</u>	<u>Name of Authorized Person:</u>
	<u>Signature of Authorized Person:</u>

**NON-REGULATED DANGEROUS GOODS**

Packages	Description of Articles	Weight/Kg

Shipment Received In Good Order:	<b>Date:</b>	Drivers #:
Consignee's Signature:		Drivers Signature: