NIAGARA FALLS BRIDGE COMMISSION DANGEROUS GOODS PRE NOTIFICATION FORM **CARRIER / DRIVER INFORMATION** TRUCK# NAME OF CARRIER: CONTACT PERSON: _____ 24 HR EMERGENCY TELEPHONE #: ______ COMPANY FAX #: _____ DATE & TIME OF VEHICLE CROSSING: _____ DIRECTION OF CROSSING: EASTBOUND TO U.S. WESTBOUND TO CANADA ☐ **LOAD INFORMATION** CUSTOM BROKER COMPANY NAME: CONTACT PERSON: TELEPHONE #: SHIPPER **IMPORTER** NAME: NAME: ADDRESS: ADDRESS: **PACKING CONSIGN-**CLASS UN GROUP / CLASS SHIPPING NAME MENT PRIMARY SUBSIDIARY NUMBER RISK **QUANTITY GROUP** EMERGENCY RESPONSE ASSISTANCE PLAN (E.R.A.P.) REQUIRED FOR THESE GOODS: YES 🗆 NO \square If yes, please provide ERAP Number_____ and Activation Phone Number _____

FAX OR EMAIL COMPLETED FORM 48HRS PRIOR TO CROSSING DATE TO:

NIAGARA FALLS BRIDGE COMMISSION -OPERATIONS CENTRE FAX #: (905) 353-6698 CDN or (716) 205-0698 U.S. E-MAIL: CommServices@niagarafallsbridges.com

QUESTIONS: PLEASE CALL (905) 354-5641 x4161 CDN OR (716) 285-6322 x4161 U.S.