

ADVANCED NOTIFICATION — ROCKET FUEL SHIPMENT

CHP 340A (Rev. 7-15) OPI 062 Refer to HPM 84.2, Chapter 8

When utilizing this form, please complete and forward, as prescribed by Section 32052 of the California Vehicle Code, to the Department of California Highway Patrol, Commercial Vehicle Section (CVS), P.O. Box 942898, Sacramento, CA 94298-0001. For more information, contact CVS: (916) 843-3400, FAX (916) 322-3154.

DRIVER NAME	DATE OF BIRTH	STATE ISSUING LICENSE	DRIVER LICENSE NUMBER
MANUFACTURER			TELEPHONE NUMBER (INCLUDE AREA CODE)
ADDRESS			
EMERGENCY CONTACT			TELEPHONE NUMBER (INCLUDE AREA CODE)
SHIPPER			TELEPHONE NUMBER (INCLUDE AREA CODE)
ADDRESS			
EMERGENCY CONTACT			TELEPHONE NUMBER (INCLUDE AREA CODE)
CARRIER			TELEPHONE NUMBER (INCLUDE AREA CODE)
ADDRESS			
EMERGENCY CONTACT			TELEPHONE NUMBER (INCLUDE AREA CODE)
RECEIVER			TELEPHONE NUMBER (INCLUDE AREA CODE)
ADDRESS			
EMERGENCY CONTACT			TELEPHONE NUMBER (INCLUDE AREA CODE)

TRANSPORT VEHICLE INFORMATION

VEH. YEAR	MAKE	LICENSE NUMBER	STATE	TRUCK EQUIPMENT NUMBER	VEHICLE IDENTIFICATION NUMBER
VEH. YEAR	MAKE	LICENSE NUMBER	STATE	TRAILER EQUIPMENT NUMBER	VEHICLE IDENTIFICATION NUMBER

SHIPMENT DESCRIPTION

<input type="checkbox"/> Nitrogen tetroxide	<input type="checkbox"/> Aerozine 50	<input type="checkbox"/> Anhydrous hydrazine	<input type="checkbox"/> Methylhydrazine	QUANTITY SHIPPED (SPECIFY POUNDS)
<input type="checkbox"/> Fuming nitric acid	<input type="checkbox"/> Liquid Flourine	<input type="checkbox"/> Dimethylhydrazine	<input type="checkbox"/> Other _____	

SHIPMENT SCHEDULE

POINT OF ORIGIN	DESTINATION	
ESTIMATED DEPARTURE DATE/TIME (24 HR.) FROM ORIGIN HOURS	ESTIMATED ARRIVAL DATE/TIME (24 HR.) AT CALIFORNIA BORDER HOURS	ESTIMATED ARRIVAL DATE/TIME (24 HR.) AT DESTINATION HOURS

ROUTING

ROUTES THROUGH CALIFORNIA (SPECIFY ROUTE NUMBER, NAME, AND DIRECTION)

Attachments: Shipping Papers Safety Data Sheet

REMARKS