



Less than Truckload (LTL) Request Form

Please send this completed form
to Barbra Tychinski, LTL Coordinator:

E-mail: btychinski@hazmatinc.com
Direct phone: 716-748-8293
Direct fax: 716-748-8386

Name of person placing request: _____
E-mail and phone: _____

PICKUP LOCATION: Name of Facility: _____

Address: _____
Street City State Zip

Contact Person at Pickup Location: _____ Phone: _____

Do they have a Loading Dock? Y / N Forklift? Y / N Lift Gate Needed? Y / N

Pallet Jack? Y / N ***HazMat does not have pallet jacks on vans or allow drivers to operate them.***

DESTINATION FACILITY: Name of Facility: _____

Address: _____
Street City State Zip

BILLING INFORMATION:

Name of Company paying freight charges: _____

Credit established with HazMat? Y / N

If not, Credit Application must be completed, signed, and references attached for approval prior to pickup.
Application is available online or contact Barb Tychinski as listed above.

SHIPMENT INFORMATION:

D.O.T. Shipping Name: _____

Hazard Class: _____ Non-Regulated? _____

Type of Containers: 55 gal. drums / cubic yard boxes / supersacks / Other: _____

Number of Pieces to be loaded: _____

Special Instructions: _____