

DANGEROUS GOODS QUESTIONNAIRE FOR APPLICANTS

This form must be completed and attached to the Answers to the application Questionnaire:-

Question 1 Indicate name(s) of your staff who have been trained in the handling of dangerous goods:

(a) _____

(b) _____

(c) _____

2 If you have indicated the name(s) to the above question, indicate the source and date of the most recent training:

Source: _____

Date: _____

3 Indicate what arrangement(s) you have made to comply with the recurrent training requirements of the IATA/ICAO Dangerous Goods Regulations.

4 Are you a holder of the copy(ies) of the current edition of the IATA Dangerous Goods Regulations?

YES

NO

Signature _____

Name _____

Position _____

Date _____

Company's Name
and Address _____
