SSRL/LCLS User Shipping Request Form
(Non-hazardous Material)

Will this be shipped to a location outside of the U.S.? Yes ☐ No ☐

If yes, user must complete Power of Attorney and certify concurrence with terms and conditions.
Have you confirmed with Cathy Knotts or Lisa Dunn that this has been completed? ☐

- It can take several days to process shipping requests through SLAC. Missing or insufficient information will delay shipments further.
- Hazardous Materials Shipments must be declared on the Hazardous Material Shipping Form and must be approved by ES&H Representative.

Your Name: _____   Date: _____

Phone: _____   E-mail: _____

Spokesperson/PI: _____   Proposal #: _____

Ship to (if being shipped to an intermediary, list all recipients):

Recipient Name: _____   Phone: _____

Institution: _____

Address: _____

Address: _____

City: _____   State/Province: _____

Zip: _____   Country: _____

Intermediary Name: _____   Phone: _____

Ship Via:

☐ **Federal Express**   ☐ **UPS**

    ☐ *Overnight*   ☐ *Next-day Air*

    ☐ *Economy (2-day)*   ☐ *Regular Air (3 days)*

                       ☐ *Ground (5-6 working days)*

☐ **Other:** _____

Method of Payment:

☐ Pre-paid   ☐ Carrier Account: _____ (preferred method)

☐ SSRL/LCLS User Financial Account Number: ☐☐☐☐ - ☐☐☐☐☐

*Shipment Must Arrive By: _____

**Insurance: ☐ None

                  ☐ Declare: _____

*Date is looked at by SLAC Shipping & Receiving to determine best shipping method
**For international shipments, a declared value is required

User Shipping Form Attachment

Package 1 of   **Total # of Packages:**

Item	Detailed description of each item (include manufacturer, if commercial product list url of manufacturer and item)	Identifying numbers if known (Model, serial #, property, RA, ECCN)	Weight	Declared Value
1				
2				
3				
4				
5				
6				

Total Weight (lbs.):   **Size/dimensions:**   **Reason for shipment:**

Package 2 of   **Total # of Packages:**

Item	Detailed description of each item (include manufacturer, if commercial product list url of manufacturer and item)	Identifying numbers if known (Model, serial #, property, RA, ECCN)	Weight	Declared Value
1				
2				
3				
4				
5				
6				

Total Weight (lbs.):   **Size/dimensions:**   **Reason for shipment:**

Package 3 of   **Total # of Packages:**

Item	Detailed description of each item (include manufacturer, if commercial product list url of manufacturer and item)	Identifying numbers if known (Model, serial #, property, RA, ECCN)	Weight	Declared Value
1				
2				
3				
4				
5				
6				

Total Weight (lbs.):   **Size/dimensions:**   **Reason for shipment:**

Place item(s) to be shipped in the shipping area located outside room 104/103. Attach this form to your shipment and alert Marlin Rosales (RM 103) or Matthew Padilla (RM 218) of your shipment needs.

SLAC Shipping & Receiving will open all boxes being shipped overseas. They may open or repack poorly packed domestic shipments as well. If you DO NOT want Shipping & Receiving to open your box, write: DO NOT OPEN per (your name) instructions on the box.

Signature: _____ **Date:** _____