



Dangerous Goods (DG) Handling Application Form

S/No: SAF/DG 1-04-07-20023

Name of Firm*		Contact Information	
		Physical Address*	Postal Address*
<input type="text"/>		<input type="text"/>	<input type="text"/>
E-mail address*		Telephone Number*	Mobile Number*
<input type="text"/>		<input type="text"/>	<input type="text"/>
Vessel Details			
Carrier*	Vessel agent		Date of arrival*
<input type="text"/>	<input type="text"/>		<input type="text" value="DD/MM/YYYY"/>
Location			
<input type="text"/>			
Type of cargo			
<input type="radio"/> Import <input type="text"/>	<input type="radio"/> Container	Size/Quantity/ Weight/Volume (as is applicable) <input type="text"/>	
<input type="radio"/> Export <input type="text"/>	<input type="radio"/> General Cargo		
<input checked="" type="radio"/> Transhipment	<input type="radio"/> Other (Specify) <input type="text" value="If Other Please specify here"/>		
Additional Information			
Marks & Numbers		Requirements (to be attached)	
Container Number		1. Bill of Lading	
<input type="text"/>		2. Packing List	
		3. Government Permit	
		4. KPA Fire Permit	
		5. Material Safety Data Sheet (MSDS)	
Please email the attached DG form and requirements to HSECargoSurvey@kpa.co.ke safetybranchstaff@kpa.co.ke			
*Fields MUST be filled *Additional Information MUST be attached			

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