

# UNIFORM STRAIGHT BILL OF LADING

ORIGINAL -- NOT NEGOTIABLE

Date	BOL #
Shipper #	

Carrier	
Carrier #	Route

[BARCODE SPACE]

SCAC	PRO #
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ORIGIN			
FROM (Consignor)			
Attn	Phone		
Address			
City	State	Zip	

DESTINATION			
TO (Consignee)			
Attn	Phone		
Address			
City	State	Zip	

Lift Gate    Inside Pickup    Pickup Hours: \_\_\_\_\_

Lift Gate    Inside Delivery    Delivery Hours: \_\_\_\_\_

Special Instructions

<b>Freight Charges are PREPAID unless marked collect:</b>			<input type="checkbox"/> <b>Check box if Collect</b>	C.O.D Amt \$	C.O.D Fee \$	Total Charges \$
Remit C.O.D. to	Address					
	City	State	Zip	Phone		

Received, subject to the classifications and tariffs in effect on the date of this Bill of Lading, the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own road or its own water line, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

# Pkgs	HM	Description of Articles, Special Marks, and Exceptions	Weight* (subject to correction)	Volume	Class or Rate	✓

MARK "X" OR "RQ" IN THE HM COLUMN TO DESIGNATE HAZARDOUS MATERIALS OR REPORTABLE QUANTITY PER DOT REGULATIONS   Emergency Response Phone Number

\*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

**NOTE**

1) Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ \_\_\_\_\_ per \_\_\_\_\_.

2) Liability limitation for loss or damage in this shipment may be applicable. See 49 United States Code, Sections 14706(c) (1)(A) and (B). 3) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of National Motor Freight Classification, Item 360.

**FOR FREIGHT COLLECT SHIPMENTS**

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Consignor Signature	Date
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**SHIPPER CERTIFICATION**

Shipper certifies that the contents of this consignment are property classified, packaged, marked, and labeled/plackarded, and are in all respects in proper condition for transport according to the applicable regulations of the U.S. Department of Transportation.

Signature	Date
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**CARRIER CERTIFICATION**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or Carrier has the U.S. Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Signature	Piece Count	Trailer #
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Date	BOL #
Shipper #	

[BARCODE SPACE]

Carrier	
Carrier #	Route

SCAC	PRO #
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ORIGIN			
FROM (Consignor)			
Attn		Phone	
Address			
City	State	Zip	

DESTINATION			
TO (Consignee)			
Attn		Phone	
Address			
City	State	Zip	

<input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pickup <input type="checkbox"/> Pickup Hours: _____	<input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Delivery Hours: _____
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Special Instructions

<b>Freight Charges are PREPAID unless marked collect:</b> <input type="checkbox"/> Check box if Collect		C.O.D. Amt \$	C.O.D. Fee \$	Total Charges \$
Remit C.O.D. to	Address			
	City	State	Zip	Phone

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Carrier	
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FROM (Consignor)		
Attn	Phone	
Address		
City	State	Zip

DESTINATION		
TO (Consignee)		
Attn	Phone	
Address		
City	State	Zip

Lift Gate  Inside Pickup  Pickup Hours: \_\_\_\_\_

Lift Gate  Inside Delivery  Delivery Hours: \_\_\_\_\_

Special Instructions

Freight Charges are PREPAID unless marked collect:	<input type="checkbox"/> Check box if Collect	C.O.D Amt \$	C.O.D Fee \$	Total Charges \$
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Consignor Signature	Date
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SHIPPER CERTIFICATION		CARRIER CERTIFICATION	
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Signature	Date	Signature	Piece Count
			Trailer #

# 3

