STRAIGHT BILL OF LADING SHORT FORM

(ORIGINAL NOT NEGOTIATED)

BOL#: Date: Pro#: PO#:

Route#: Trailer#: Department#:

Shipper:

Consignee:

Send freight bill to:

Freight Charges: Third Party (must be prepaid)

Single Shipment: 🗌 Yes 🗌 No

# Packages	HM	Description of Articles	Kind of Packaging	Weight	Class/Rate
TOTAL PCS:			TOTAL WEIGHT:		

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _ Liability limitations for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (8).

SPECIAL INSTRUCTIONS:

DATE:	
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SHIPPER:

Shipper Certification: This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

PER: DATE:

CARRIER:

Carrier Certification:

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent document in the vehicle.

PER: DATE: PACKAGE NOS: