

Date Bill of Lading – Short Form – Not Negotiable						
Name: Address City/State/Zip: SID No.:	Ship From	-		Bill of Lading Number: Seal Numbers:		
Ship To				Carrier Name:		
Name: Address: City/State/Zip: CID No.:	·			Tractor number: Trailer number		
Special Instructions:						
Weight	Commodity Description 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 NMFC item 360				Class	Check column
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property is specifically stated by the shipper to be not exceeding per per Free terms: Collect _, Prepaid _, Customer check acceptable _						
Note Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B).						
Received, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations. The carrier shall not make delivery of this shipment without payment of and all other lawful charges. Shipper Signature						payment of and
Shipper Signature/Date Trailer Loaded:		Carrier Signature/Pickup Date				
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		_ By shipper _ By driver	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 documentation in the vehicle. Property described above is received in good order, except as noted .			
Shipper:				Agent:		
Per:		Date:		Per:		Date:

Voice 402.223.2411 Fax 402.223.2401