

II. The Standard Bill of Lading Form

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: _____		BILL OF LADING			Page _____				
SHIP FROM					Bill of Lading Number: _____ BAR CODE SPACE				
Name: _____		Address: _____							
City/State/Zip: _____		SID#: _____ FOB: <input type="checkbox"/>							
SHIP TO					CARRIER NAME: _____ Trailer number: _____ Seal number(s): _____ SCAC: _____ Pro number: _____ BAR CODE SPACE				
Name: _____		Location #: _____							
Address: _____		City/State/Zip: _____							
CID#: _____		FOB: <input type="checkbox"/>			Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect _____ 3 rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading				
THIRD PARTY FREIGHT CHARGES BILL TO:									
Name: _____		Address: _____							
City/State/Zip: _____		SPECIAL INSTRUCTIONS: _____							
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO			
				Y N					
				Y N					
				Y N					
				Y N					
				Y N					
GRAND TOTAL									
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			<small>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</small>		NMFC #	CLASS
GRAND TOTAL									
RECEIVING STAMP SPACE									
GRAND TOTAL									
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 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 freight and all other lawful charges. _____ Signature Shipper			
SHIPPER SIGNATURE / 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.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE 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. <i>Property described above is received in good order, except as noted.</i>		

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CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
PAGE SUBTOTAL					

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>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</small>	LTL ONLY	
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Name: Address: City/State/Zip: SID#:				CARRIER NAME:				
FOB: <input type="checkbox"/>				Trailer number: Seal number(s):				
SHIP TO				SCAC:				
Name: Location #: Address: City/State/Zip: CID#:				Pro number:				
FOB: <input type="checkbox"/>				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>				
THIRD PARTY FREIGHT CHARGES BILL TO:				Prepaid _____ Collect _____ 3 rd Party _____				
Name: Address: City/State/Zip:				<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading				
SPECIAL INSTRUCTIONS:								
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/ SLIP		ADDITIONAL SHIPPER INFO		
				Y	N			
				Y	N			
				Y	N			
				Y	N			
GRAND TOTALS								
CARRIER INFORMATION								
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 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 freight and all other lawful charges. _____ Shipper Signature				
SHIPPER SIGNATURE / DATE		Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE		
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		<input type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/pallets said to contain				

SUPPLEMENTAL BAR CODE AREA
RECEIVING STAMP AREA

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			Y	N				
			Y	N				
			Y	N				
			Y	N				
			Y	N				
			Y	N				
			Y	N				
			Y	N				
			Y	N				
			Y	N				
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			Y	N				
			Y	N				
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SUPPLEMENTAL BAR CODE AREA