II. The Standard Bill of Lading Form VICS Standard BOL: WWW. VICS.ORG For Complete VICS BOL Guideline Information

Date:		BILL OF LADI						Page					
Name: Address: City/State/Zip: SID#:		SHIP	PFROM			50D. 5		E	Bill of Lad		Number:		
1 OB. 2								CARRIED NAME.					
SHIP TO Name: Location #:								CARRIER NAME: Trailer number:					
Address:								Seal number(s):					
City/State/Zip:							F	SCAC:					
CID#: FOB:								Pro number:					
THIRD PARTY FREIGHT CHARGES BILL TO:													
Name: Address:								BAR CODE SPACE					
City/State/Zip:								Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
SPECIAL INSTRUCTIONS:								Prepaid Collect 3 rd Party				arty	
									(check box	,	Master Bill of Lad underlying Bills of		ed
CUSTOMER ORDER INFORMATION													
CUSTOWER	# PK	PKGS W		VEIGHT			CLE ONE)		ADDITIONAL SHIPPER INFO				
					1		Y		N				
							Y		N				
					Y		N						
			YN										
GRAND TOTAL													
HANDLING UNIT	PACI	KAGE			CARRIER INFORMATION COMMODITY DES					SCF	RIPTION LTL ONLY		
QTY TYPE	QTY	TYPE	WEIGH	IT	H.M. (X)	Commodities r must be so mark	modities requiring special or additional care or e so marked and packaged as to ensure safe See Section 2(e) of NMFC				sportation with ordinary care.	NMFC#	CLASS
												RECE	IVING
												STAMP S	SPACE
								_	AND T		Α.Ι.		
Where the rate is dependent on value, shippers are required to state specifically in writing the a								GRAND TOTAL ed COD Amount: \$					
value of the property as fo "The agreed or declared	ollows:		•		-	-					ու։ ֆ erms: Collect:	□ Prenaid	_
pe	er	. 33									istomer check a		
								ıbl			C. = 14706(c)(1)(A)		
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing betwee the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been establish by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.							ablished						
SHIPPER SIGNAT This is to certify that the abov described, packaged, marked transportation according to the	essified, dition for	Trailer Loaded: Freight Counte □ By Shipper □ By Shipper □ By Driver □ By Driver/pa contain □ By Driver/Pi				ed: CARRIER SIGN Carrier acknowledges rece certifies emergency respon carrier has the U.S. DOT documentation in the vehic			Carrier acknowledges receipt certifies emergency response carrier has the U.S. DOT eme documentation in the vehicle. Property described above is	ATURE / PICKUP DATE ipt of packages and required placards. Carrier use information was made available and/or mergency response guidebook or equivalent le. e is received in good order, except as			

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	naara BOL:	www. VI	CS.URG FO	or Complete VICS E							
Date:				SUPPLE	MENT	TO TH	IE BIL	L OF I	LADING	Page	
							Bill of	f Ladin	g Number:		
				CII	CTOME	R ORDER					
C	USTOM	IFR OR	DER	# PKGS		/EIGHT	PALLE	T/SLIP	ADDITIONAL	SHIPPER I	NFO
·		MBER		,,,,,,,			(CIRCL	E ONE)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 01111 1 2111	0
							Y	N			
							Y	N			
							Υ	N			
							Υ	N			
							Y	N			
							Υ	N			
							Y	N			
							, Y				
								N			
							Y	N			
							Y	N			
							Y	N			
							Y	N			
							Y	N			
							Υ	N			
							Y	N			
F	PAGE S	UBTO	ΤΔΙ								
-	7.02 0				CARE	RIER INFO	RMATIO	N			
HANDLI	NG UNIT	PAC	KAGE						SCRIPTION	LTL O	NLY
QTY	QTY TYPE QTY TYP		TYPE	WEIGHT	н.м.	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 car				NMFC #	CLASS
					(X)		See Sect	ion 2(e) of NMF	C Item 360		
								E SUBT			