STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

**Bill of Lading Number:**

# FROM:

|  |  |
| --- | --- |
| 1. Shipper / Generator Location | 2. Shipper / Generator Mailing Address (if different) |
| A Top Generator 567 Oak DriveCarterville, MI 48222 Phone No.:       |  |
| Emergency Response Phone:       | Generator ID (if applicable):      |

# TO:

|  |  |
| --- | --- |
| 3. Consignee / Facility Name and Address | 4. Consignee / Facility ID# |
| Best Disposal123 Main StreetSmithtown, MI 48333 Phone No.:  | MIK23321456 |
| 9. Notes:       |

# DELIVERED BY:

|  |  |
| --- | --- |
| 5. Carrier/Transporter Name and Address | 6. Carrier Transporter ID#: |
| A Great Transporter123 ElmJonesville, MI 48222 Phone No.: | MIK987789987 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 7a.HM | 7b.**BASIC DESCRIPTION**UN or NA number, Proper Shipping Name, Hazard Class, Packing Group (if any) | 8. Containers | 9. TotalQuantity | 10.UnitWt./Vol. | 11.other  |
| No. | Type |
|  | 1. Antifreeze
 | 40 | DM | 2200 g | Gallon |  |
|  | 2. |  |  |  |  |  |
|  | 3. |  |  |  |  |  |
|  | 4. |  |  |  |  |  |
| 18. Special Handling Instructions and Additional Information: |
| By signing below, Shipper hereby declares that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable governmental regulations. As shipper, I hereby certify that the liquid industrial by-product(s) are fully and accurately described on this shipping document, in proper condition for transport, and that the information contained on the shipping document is factual. |
| SHIPPER (Print Employee Name)Sam Redding | Signature **Sam Redding****X** | Month**5** | Day**16** | Year**16** |
| Carrier / Transporter (Print Driver Name)John James Doe | SignatureJohn James Doe | Month5 | Day16 | Year16 |
| Consignee / Facility Acknowledgement of Receipt (Print Name)Jane Smith | SignatureJane Smith | Month5 | Day26 | Year16 |
| **White Copy: Consignee/Facility Original ● Yellow Copy: Consignee to Shipper ● Pink Copy: Carrier/Transporter ● Green Copy: Shipper Initial Copy** |