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 Drive  Carterville, MI 48222 Phone No.: |  |
| Emergency Response Phone: | Generator ID (if applicable): |

# TO:

|  |  |
| --- | --- |
| 3. Consignee / Facility Name and Address | 4. Consignee / Facility ID# |
| Best Disposal  123 Main Street  Smithtown, MI 48333 Phone No.: | MIK23321456 |
| 9. Notes: | |

# DELIVERED BY:

|  |  |
| --- | --- |
| 5. Carrier/Transporter Name and Address | 6. Carrier Transporter ID#: |
| A Great Transporter  123 Elm  Jonesville, 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.  Total  Quantity | 10.  Unit  Wt./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 | | Signature  John James Doe | | | | | Month  5 | | Day  16 | Year  16 |
| Consignee / Facility Acknowledgement of Receipt (Print Name)  Jane Smith | | Signature  Jane Smith | | | | | Month  5 | | Day  26 | Year  16 |
| **White Copy: Consignee/Facility Original ● Yellow Copy: Consignee to Shipper ● Pink Copy: Carrier/Transporter ● Green Copy: Shipper Initial Copy** | | | | | | | | | | |