

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: _____ <div style="text-align: center; font-size: 1.2em; color: gray;">BAR CODE SPACE</div>			
Name: _____ Address: _____ City/State/Zip: _____ SID#: _____ FOB: <input type="checkbox"/>									
SHIP TO									
Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ FOB: <input type="checkbox"/>									
THIRD PARTY FREIGHT CHARGES BILL TO:						CARRIER NAME: _____ Trailer number: _____ Seal number(s): _____ SCAC: _____ Pro number: _____ <div style="text-align: center; font-size: 1.2em; color: gray;">BAR CODE SPACE</div>			
Name: _____ Address: _____ City/State/Zip: _____									
SPECIAL INSTRUCTIONS:									
Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3 rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading									
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 <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		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
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. _____ Shipper Signature			
SHIPPER SIGNATURE / DATE <small>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.</small>				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 <small>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.</small> <i>Property described above is received in good order, except as noted.</i>	

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Date: **SUPPLEMENT TO THE BILL OF LADING** Page _____
 Bill of Lading Number: _____

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	
1	Carrier Name
2	Carrier Address
3	Carrier City
4	Carrier State
5	Carrier Zip
6	Carrier Phone
7	Carrier Fax
8	Carrier Email
9	Carrier Website
10	Carrier Type
11	Carrier Rating
12	Carrier Status
13	Carrier Notes
14	Carrier Comments
15	Carrier History
16	Carrier Details
17	Carrier Information
18	Carrier Data
19	Carrier Report
20	Carrier Summary
21	Carrier Analysis
22	Carrier Review
23	Carrier Feedback
24	Carrier Evaluation
25	Carrier Assessment
26	Carrier Inspection
27	Carrier Audit
28	Carrier Check
29	Carrier Test
30	Carrier Trial
31	Carrier Demo
32	Carrier Show
33	Carrier Exhibit
34	Carrier Display
35	Carrier Presentation
36	Carrier Demonstration
37	Carrier Showcase
38	Carrier Highlight
39	Carrier Feature
40	Carrier Benefit
41	Carrier Advantage
42	Carrier Strength
43	Carrier Weakness
44	Carrier Opportunity
45	Carrier Threat
46	Carrier Challenge
47	Carrier Risk
48	Carrier Issue
49	Carrier Problem
50	Carrier Solution
51	Carrier Answer
52	Carrier Response
53	Carrier Action
54	Carrier Result
55	Carrier Outcome
56	Carrier Impact
57	Carrier Effect
58	Carrier Influence
59	Carrier Power
60	Carrier Authority
61	Carrier Expertise
62	Carrier Knowledge
63	Carrier Skill
64	Carrier Ability
65	Carrier Capacity
66	Carrier Potential
67	Carrier Possibility
68	Carrier Probability
69	Carrier Likelihood
70	Carrier Chance
71	Carrier Risk
72	Carrier Hazard
73	Carrier Danger
74	Carrier Threat
75	Carrier Danger
76	Carrier Risk
77	Carrier Hazard
78	Carrier Danger
79	Carrier Threat
80	Carrier Danger
81	Carrier Risk
82	Carrier Hazard
83	Carrier Danger
84	Carrier Threat
85	Carrier Danger
86	Carrier Risk
87	Carrier Hazard
88	Carrier Danger
89	Carrier Threat
90	Carrier Danger
91	Carrier Risk
92	Carrier Hazard
93	Carrier Danger
94	Carrier Threat
95	Carrier Danger
96	Carrier Risk
97	Carrier Hazard
98	Carrier Danger
99	Carrier Threat
100	Carrier Danger

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Date: BILL OF LADING							Page		
SHIP FROM						Bill of Lading Number:			
Name: Address: City/State/Zip: SID#: <div style="text-align: right;">FOB: <input type="checkbox"/></div>									
SHIP TO						CARRIER NAME: Trailer number: Seal number(s): SCAC: Pro number:			
Name: <div style="float: right;">Location #:</div> Address: City/State/Zip: CID#: <div style="text-align: right;">FOB: <input type="checkbox"/></div>									
THIRD PARTY FREIGHT CHARGES BILL TO:						Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3 rd Party _____			
Name: Address: City/State/Zip:									
SPECIAL INSTRUCTIONS:						<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading			
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									
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		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
GRAND TOTAL									
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SHIPPER SIGNATURE / DATE				Trailer Loaded:		Freight Counted:		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.				<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		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.	

SUPPLEMENTAL BAR CODE AREA
RECEIVING STAMP AREA

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Date: _____									
SUPPLEMENT TO THE BILL OF LADING								Page	
Bill of Lading Number: _____									
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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				
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QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
						PAGE SUBTOTAL			

SUPPLEMENTAL BAR CODE AREA