



1751 Prairie Avenue
Port Coquitlam BC V3B 1V2
Phone: +1(778) 635-1000
www.roadvise.ca

BOL #		
DAY	MONTH	YEAR

STRAIGHT BILL OF LADING – NON NEGOTIABLE

TRIP NUMBER:		ORDER NUMBER:	
PICK UP DATE:	TIME IN / TIME OUT	DELIVER DATE:	TIME IN / TIME OUT
SHIPPER (CONSIGNOR):		RECIEVER (CONSIGNEE):	
ADDRESS:		ADDRESS:	
CITY/ PROVINCE:	POSTAL CODE:	CITY/ PROVINCE:	POSTAL CODE:
THIRD (3 rd) PARTY BILL TO:		ROUTING:	

SHIPPER LOAD AND COUNT			DANGEROUS GOODS			FREIGHT CHARGES SHIPPER TO CHECK
PIECES/ QUANTITY	PRODUCT DISCRPTION / ARTICLES AND SPECIAL MARKS	WEIGHT □ LBS □ KG	CLASS	UN#	PKG GRP	
						PREPAID ☐ COLLECT ☐ IF NOT SPECIFIED, SHIPMENT WILL MOVE PREPAID
						DECLARED VALUE: MAXIMUM LIABILITY IS \$2.00 PER LBS (\$4.41 / KG) UNLESS DECLARED VALUATION STATES OTHERWISE. \$ _____ CDN FUNDS US FUNDS
SPECIAL INSTRUCTION			24HR EMERGENCY TELEPHONE			TYPE OF PLACARD
			EMERGENCY PLAN			QUANTITY

NOTICE OF CLAIM (a) No carrier is liable for loss, damage or delay to any goods under the bill of lading unless notice thereof setting out particulars of the origin, destination and date of shipment of the goods and the estimated amount claimed in respect of such loss, damage or delay is given in writing to the originating carrier (or the delivery carrier) within twenty four (24) hour days after the delivery of the goods, or in case of failure to make delivery within sixty (60) days from the date of shipment of the goods. The final statement of the claim shall be filed within sixty (60) days from the date of shipment, together with a copy of the paid freight bill.

SHIPPER'S NAME (PLEASE PRINT)	RECIEVER'S NAME (PLEASE PRINT)	DRIVER'S NAME (PLEASE PRINT)
SHIPPER'S SIGNATURE	RECEIVER'S SIGNATURE (Received in good order)	DRIVER'S SIGNATURE
SEAL#	DATE RECIEVED	TRUCK# / TRAILER #

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, are classified and packaged, have dangerous goods safety marks properly affixed or displayed on them, and are in all respects in proper condition for transport according to the Transportation of Dangerous Goods Regulations.

SHIPPER'S NAME (PLEASE PRINT) _____