13902 Grosvenor Rd, Surrey, BC V3R 5G1
Phone: 604.497.0505 • Fax: 604.497.0506
dispatch@jpptransport.com
accounts@jpptransport.com

TRIP # _____

ORDER # _____

BILL OF LADING
NOT NEGOTIABLE

PICK UP DATE	TRUCK NO.	TRAILER NO.	CUSTOMER ORDER	PICK UP NO.
POINT OF ORIGIN				
SHIPPER		CONSIGNEE		
STREET ADDRESS		STREET ADDRESS		
CITY		CITY		

No. of Units & Container Type Nbre d'unités & type de contenant	DG MD	DESCRIPTION Identification Number/Proper Shipping Name/Hazard Class(es)/Packing Group Numéro d'identification/Appellation réglementair/Classe de danger/Groupe d'emballage or/ou Proper Shipping Name/Hazard Class/Identification Number/Packing Group Appellation réglementaire/Classe de danger/Numéro d'identification/Groupe d'emballage	TOTAL QUANTITY (Weight, Volume, kg, litre, etc.) QUANTITÉ TOTALE (Poids, volume, kg, Litre, etc.)	WEIGHT (Subject to Correction) POIDS (Sujet à corrections)	RATE TAUX	CHARGES (For Carrier Use Only) FRAIS (Pour transporteur seulement)

Emergency Response Assistance Plan Number (ERAP)
Numéro du Plan d'intervention d'urgence (PIU) _____

EMERGENCY TELEPHONE NUMBERS/24 HOUR NUMBER
NUMÉRO DE TÉLÉPHONE D'URGENCE/NUMÉRO 24-HEURES _____

SIGNED BY SHIPPER

Acceptance of terms and conditions of Bill of Lading, quantity, description and weight of shipment, maximum valuation of $2.00 per pound or as otherwise declared

SIGNED: _____
NAME IN FULL

DATE: _____

RECEIVED FOR CARRIER

BY _____
NAME IN FULL DATE

Received By Consignee in Good Condition

BY _____
NAME IN FULL DATE

DECLARED VALUATION $_____
Maximum liability of $2.00 per pound unless declared valuation states otherwise. – (Conditions 9 and 10 on back).

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 delivering carrier within sixty (60) days after the delivery of goods, or, in the case of failure to make delivery, within nine (9) months from the date of shipment.

(b) The final statement of the claim must be filled within nine (9) months from the date of shipment together with a copy of the paid freight bill.

LOADING AND UNLOADING TIME
START LOADING
FINISH LOADING
START UNLOADING
FINISH UNLOADING
TARPING ☐ YES ☐ NO
LOADED ☐ OUTSIDE ☐ INSIDE

WHITE COPY - OFFICE | YELLOW COPY - SHIPPER | PINK COPY - RECEIVER