



**INSTRUCTIONS FOR COMPLETING
CARLILE TRANSPORTATION'S
HAZARDOUS MATERIALS SHIPPING DOCUMENT**

- A SHIPPER** - Clearly print or type the shipper's name, address, phone number, and company name (if applicable)
- B CONSIGNEE** - Clearly print or type the consignee's name, address, phone number, and company name (if applicable).
- C 24-HOUR EMERGENCY CONTACT** – Hazmat shipping paperwork must contain an emergency response telephone number that is monitored at all times, and does not require a call back (i.e., an answering service, answering machine, etc.). Please provide the area code or international access code, contact's name or Contract No., for use in the event of an emergency involving the hazardous material, see 49CFR172.600
- D ERG #** (Emergency Response Guidebook Number) – provide the three digit number associated with your hazardous material (found in the Emergency Response Guidebook). This will ensure that in the event of an emergency, the response teams (e.g. fire department, EMS, LEO) can identify the substance from a safer distance and combat with correct extinguishers and clean up measures.
- E NUMBER** - Enter the number of packages being shipped. See 49CFR172.202 (a) (7)
- F TYPE OF PACKAGES** – Indicate the packaging type (box, cylinder, drum, etc)
- G HAZMAT** - If shipment contains Hazmat, indicate with an "X" (or RQ - Reportable Quantity if applicable)
- H KEEP FROM FREEZING** – If the shipment must be kept from freezing, please check the KFF box
- I PROPER SHIPPING NAME** - Enter the proper shipping name in the correct I.S.H.P or "I ship" order: Identification number, Shipping name, Hazard class, Packing group (if applicable) – example: UN1993, Flammable liquid N.O.S. (acetone), 3, PG III (See 49CFR172.101)
- J GROSS WEIGHT** - Enter the gross weight of the cargo, which must include an indication of the applicable unit of measurement (e.g. 200 kgs or 50 lbs), see 49CFR172.202 (a)(5)
- K DIMENSIONS** – Provide the length, width, and height of the shipment
- L SIGNATURE AND DATE** – Hazmat shipping paperwork must be legibly signed and dated by the shipper or his agent and may be legibly signed manually, verbally (over the phone), or by electronic means, see 49CFR172.204 (d)

Anchorage: (907) 276-7797
Tacoma: (253) 874-2633
Fairbanks: (907) 451-7155
Kodiak: (907) 343-3290
Kenai: (907) 283-2884

Prudhoe Bay: (907) 659-2398
Houston: (281) 227-0627
Edmonton: (780) 466-7179
Minnesota: (651) 982-9907

**HAZARDOUS MATERIALS
SHIPPING DOCUMENT**

DATE SHIPPED									
1. SHIPPER A					2. CONSIGNEE B				
Company Name					Company Name				
Phone Number					Consignee Name				
Email Address					Phone Number				
Address					Address				
City, State, Zip					City, State, Zip				
3. BILL TO					4. ULTIMATE CONSIGNEE				
Company Name					Company Name				
Shipper Name					Consignee Name				
Phone Number					Phone Number				
Address					Address				
City, State, Zip					City, State, Zip				
PAYMENT TERMS		PREPAID (SHIPPER)	COLLECT (CONSIGNEE)	3RD PARTY (BILL TO)	HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER C			ERG # D	
<small>The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as shown below, which said carrier agrees to carry to destination, if on its route, otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.</small>									
5. DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS									
Number of Packages E	Type of Packages (bx, cyl, crate, tube, drum, trailer, etc.) F	HM X or RQ G	KFF H	Commodity Description (ID Number, Proper Shipping Name, Hazard Class, Packing Group) I	Weight (lbs) subject to correction J	Dimensions K			
						Length	Width	Height	
6. ADDITIONAL SERVICES (ADDITIONAL FEES MAY APPLY)									
Keep From Freezing			Tarping Required			Uncrating			
Chill/Freeze Temp (circle one)			Lift Gate			Removal of Debris			
Limited Access Pickup/Delivery			Residential Pickup/Delivery			Second Pickup/Delivery or Pickup/Delivery Attempt			
Inside Pickup/Delivery			Sorting and Segregating			Other Services Provided _____			
7. LIMITS OF LIABILITY FOR CARGO LOSS OR DAMAGE									
<small>Where no value is declared below, the maximum liability on the shipment will be \$20.00 per pound up to a maximum of \$200,000 per shipment for new goods, Household goods, Used goods, and Package Express will have a maximum liability of \$0.10 per pound up to a maximum of \$5,000 per shipment. See the terms and conditions on the back of this Bill of Lading for additional information. The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \$_____ per _____.</small>									
<small>NOTE: For information on heavy Haul shipments, Declared Value shipments, limits of liability and claims see the back of this Bill of Lading. NOTE: Liability Limitations for loss or damage in this shipment may be applicable. See 49 U.S.C. SS14706 (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 the terms and conditions set forth on the reverse side hereon as well as to all applicable state and federal regulations.</small>									
8. SHIPPERS CERTIFICATION									
X L Shipper's Signature		Total Pcs. Shipped L		Date					
<small>This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation</small>									
FOR CARLILE USE ONLY									
Carlile PIU By	Date	Time	(AM) Total pcs	Carlile Del By	Date	Time	(AM) Trailer num.		
			(PM)				(PM)		
Carlile Del By	Date	Time	(AM) Total pcs	Carlile Del By	Date	Time	(AM) Trailer num.		
			(PM)				(PM)		
X Consignee Signature		Total Pcs. Rec'd		Print Last Name		Date		Time	
<small>Received the above specified property in apparent good order</small>									

KELLER-BOL