Bill of Lading - Interstate Transportation of Hemp

SHIP FROM		SHIP TO	
Producer Name		Receiver Name	
Hemp License #		Address	
Address		City/State/Zip	
City/State/Zip		Phone	
Phone		Email	
Email			
Shipment Date			

CARRIER INFORMATION	DRIVER NAME:	TRAILER #/LICENSE PLATE:
	CARRIER U.S. DOT #:	SEAL #:
	TRUCK UNIT #/LICENSE PLATE:	LOADED VEHICLE WEIGHT:

SHIPMENT INFORMATION

Product Description	Receptacle type	Lot #	Weight
		GRAND TOTAL	

ATTENTION: Each lot required to have corresponding lab analysis.

TRAILER LOADED BY: ☐ Shipper ☐ Driver		TRAILER LOADED BY: ☐ Shipper ☐ Driver	
Shipper affirms receptacle contain only products compliant Section 7 U.S.C. §1639o and as measured in conformance with 7 CFR § 990.25.		Carrier confirms shipment contains only products compliant with Section 7 U.S.C. §1639o and as measured in conformance with 7 CFR § 990.25.	
SHIPPER SIGNATURE	DATE	CARRIER SIGNATURE	DATE
Printed Name:		Printed Name:	