DATE:_____

| | | | | | |
|---|---|---|---|---|---|
| COMPANY NAME: | | | DRIVER'S NAME: | | |
| ADDRESS: | | | MC#: | DOT#: | KYU#: |
| CITY: | | CVOR: | NEQ: | OR #: | FEIN#: |
| PROVINCE/STATE | POSTAL/ZIP: | INS COMP | POLICY #: | EXP DATE: | |
| LOAD DESCRIPTION | | PHONE: | FAX: | EMAIL: | |
| NUMBER OF PIECES | LOAD MODEL | LOAD YEAR | LOAD MAKE: | LOAD SERIAL# | |

| | | | | | |
|---|---|---|---|---|---|
| LOAD DIMENSIONS: | LOAD WIDTH | LOAD HEIGHT | LOAD LENGTH | LOAD WEIGHT | BILL OF LADING# |

| | | | | | | |
|---|---|---|---|---|---|---|
| OVERALL DIMENSIONS: | OVERALL WIDTH | OVERALL HEIGHT | OVERALL LENGTH | OVERALL WEIGHT | FRONT OVERHANG | REAR OVERHANG |

## AXLE WEIGHTS AND SPACINGS:

Please indicate if weight is in Kilogram ☐ Pounds ☐

| AXLE / # TIRES | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| WEIGHT: | | | | | | | | | | | | | |
| AXLE NUMBERS: | | 1 to 2 | 2 to 3 | 3 to 4 | 4 to 5 | 5 to 6 | 6 to 7 | 7 to 8 | 8 to 9 | 9 to 10 | 10 to 11 | 11 to 12 | 12 to 13 |
| SPACINGS: | | | | | | | | | | | | | |
| TIRE SIZES | | | | | | | | | | | | | |
| MAXIMUM TIRE LOAD | | SINGLE: | | | TRACTOR: | | | | | TRAILER: | | | |

| | | | |
|---|---|---|---|
| ORIGIN Physical Address | ORIGIN City/ State/Prov | DESTINATION Physical Address | DESTINATION City/State/Prov |
| SHIPPER NAME | ADDRESS | CITY | STATE/PROV |
| RECEIVER NAME | ADDRESS | CITY | STATE/PROV |

| PROV/STATE | ROUTE(S) | Effec DATE: | PROV/STATE | ROUTE(S) | Effec DATE: |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

TRUCK-TRACTOR-TRAILER INFORMATION: REGISTERED GROSS WEIGHT:

| UNIT# | YEAR | MAKE | SERIAL # (IN FULL) | PLATE # | Prov/State | #/AXLES | LENGTH | EMPTY | RGVW |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

TRAILER:

| UNIT# | YEAR | MAKE | SERIAL # (IN FULL) | PLATE # | Prov/State | #/AXLES | LENGTH: | NET WGT | TYPE |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |