



CHOCTAW NATION OF OKLAHOMA  
 RECYCLING CENTER  
 P.O. Box 1210 3408 Wes Watkins Blvd  
 Durant, OK 74701  
 1-800-522-6170 580-920-0488

**BILL OF LADING**

<p style="text-align: center;"><b>SHIP FROM:</b></p> <p>Name: <u>Choctaw Nation Recycling Center</u>          Street Address: <u>P.O. Box 1210, 3408 Wes Watkins Blvd</u>          City, ST, Zip Code: <u>Durant, OK 74701</u>          PH NO: (DIRECT LINE) 580-920-0488 OR 800-522-6170</p>	<p>Bill of Lading Number: _____          Load Number: _____</p>
<p style="text-align: center;"><b>SHIP TO:</b></p> <p>NAME: _____          STREET ADDRESS: _____          CITY, ST. ZIP CODE: _____</p>	<p>Carrier Name: _____          Destination: _____          Trailer Number: _____</p>

**CARRIER INFORMATION**

Handling Unit			
Qty.	Type	Weight/Lbs.	Commodity Description
	Bales		Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.

<p>_____  <b>Shipper Signature/</b> <span style="float: right;"><b>Date</b></span></p> <p>_____  <b>Printed Name of Contractor</b></p> <p><small>This is to certify that the above named materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small></p>	<p><b>Trailer Loaded:</b></p> <p><input type="checkbox"/> By shipper</p>	<p><b>Freight Counted:</b></p> <p><input type="checkbox"/> By shipper</p>	<p style="color: red;">x _____  <b>Carrier Signature/</b> <span style="float: right;"><b>Pickup Date</b></span></p> <p style="color: red;">x _____  <b>Carrier's Printed Name</b></p> <p><small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small></p>
---	--	---	--