

Task Title: Completing a Bill of Lading
Form OALCF Cover Sheet – Learner Copy

Learner Name: _____

Date Started: _____

Date Completed: _____

Successful Completion: Yes No

Goal Path: Employment Apprenticeship

Secondary School Post Secondary Independence

Task Description:

Read a Bill of Lading form to understand the requirements for filling it out as a Material Handler in the workplace.

Main Competency/Task Group/Level Indicator:

- Find and Use Information/Interpret documents/A2.3

Materials Required:

- Pen and paper and/or digital device

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Note to Instructor/Facilitator

The Bill of Lading form is best viewed online in magnifying format.

Learner Information


Completing a Bill of Lading for items being shipped is a common part of many Material Handling jobs. It is important to understand and fill in this document with correct shipping information for your employer.

Scan the FedEx Bill of Lading.

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UNIFORM STRAIGHT BILL OF LADING ORIGINAL---NOT NEGOTIABLE

ALL SERVICES SUBJECT TO THE TERMS AND CONDITIONS OF THE FXF 100 SERIES RULES TARIFF. SEE FEDEX.COM FOR DETAILS. --- QUESTIONS? CALL 1.866.393.4585

		Date	Purchase Order #					
		Shipper #	Shipper #					
REQUIRED: Please select a service type <input type="checkbox"/> FedEx Freight® Priority <input type="checkbox"/> FedEx Freight® Economy		OPTIONAL: You may select a money-back guarantee delivery (charges and tariff limitations may apply). <input type="checkbox"/> A.M. Delivery <input type="checkbox"/> Close of Business Delivery						
		SHIPPER (from) Please provide ZIP codes and phone numbers.		CONSIGNEE (to)				
Shipper	FXF Acct. #	Consignee	FXF Acct. #					
Attn. to	Area Code Phone Number	Attn. to	Area Code	Phone Number				
Address		Address						
Address (Store, Dept., Ste., Flr., Apt., Div.)		Address (Store, Dept., Ste., Flr., Apt., Div.)						
Address		Address						
City		City						
State/Province	ZIP/Postal Code	Country	State/Province	ZIP/Postal Code				
Optional or Additional Service Fees and Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Pickup <input type="checkbox"/> Limited Access		Optional or Additional Service Fees and Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Limited Access						
Shipper Bill of Lading #		<input type="checkbox"/> Custom Delivery Window:						
Special Instructions								
BILL FREIGHT CHARGES TO (if different than above):								
Name		FXF Acct. #	Mailing Address					
City	State	ZIP/Postal Code	Country	Area Code Phone Number				
Freight charges are PREPAID unless marked collect.		<input type="checkbox"/> USD <input type="checkbox"/> CAD C.O.D. AMOUNT						
CHECK BOX IF COLLECT		1. The letters "C.O.D." must appear in box before consignee's name above. 2. C.O.D. funds to be collected as: Certified Funds Company Check <input type="checkbox"/> Personal Check 3. C.O.D. fee to be paid by: Shipper Consignee						
Name		Mailing Address						
City	State	ZIP/Postal Code	Country	Country Code Area Code Phone Number				
<small>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 all applicable state and federal regulations, 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 hereon, which said carrier agrees to carry to destination, if on its route, or 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 the back hereof, and the conditions of the FXF 100 Series Rules Tariff, or otherwise referenced, which are hereby agreed.</small>								
HANDLING UNITS (H/U) TYPE	H/U PKG.	PIECES	H M	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (subject to correction)	WEIGHT IN LBS. NMFC (subject to correction)	ITEM #	CLASS	CUBE (optional)
TOTAL H/U:		MARK "X" OR "RQ" IN THE HM COLUMN TO DESIGNATE HAZARDOUS MATERIALS OR REPORTABLE QUANTITY AS DEFINED IN DOT REGULATIONS.						
<small>AREA CODE</small> HM EMERGENCY CONTACT PHONE NUMBER ()		CUSTOMER REGISTERED W/EMERGENCY RESPONSE INFO. PROVIDER or CONTRACT #			FOR INTERNATIONAL SHIPMENTS INDICATE BROKER NAME, FAX AND PHONE NUMBERS. EEI/SED Number or Exception <small>AREA CODE</small> Phone # () <small>AREA CODE</small> Broker			
NOTE (1) Where the rate and carrier's liability for loss or damage may be dependent on value, shippers must state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____." Note (2) Liability limitation for loss or damage on this shipment shall be applicable as provided by contract		FOR FREIGHT COLLECT SHIPMENTS Subject to Section 7 of conditions of applicable Bill of Lading. If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges. Consignor Signature _____			SHIPPER CERTIFICATION I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Shipper Signature _____ Date _____			
or in the current NMFC or this carrier's governing tariffs. See FXF 100 Series Rules Tariff for complete limited liability provisions. Carrier's maximum standard liability is limited to \$25 per pound per package for NEW articles and \$.50 per pound per package (or its equivalent in Mexican Pesos (MXN) or Canadian Dollars (CAD), at the rate of exchange which is in effect at the place and on the date of shipment) for USED or RECONDITIONED articles. In no case shall carrier liability exceed \$100,000 per occurrence (or its equivalent in MXN or CAD at the rate of exchange which is in effect at the place and on the date of shipment) for NEW articles or \$10,000 per occurrence (or its equivalent in MXN or CAD at the rate of exchange which is in effect at the place and on the date of shipment) for USED or RECONDITIONED articles. For availability and limits of excess liability coverage and applicable rates and charges, please refer to FXF 100 Series Rules Tariff. Not selecting an additional coverage option is considered to be a waiver of same and standard liability coverage will apply.		CARRIER CERTIFICATION 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 document in the			DATE DRIVER/EMPLOYEE NUMBER PIECE COUNT TRAILER #			
Create your next Bill of Lading online at fedex.com/us/billfreight/main/		FedEx Freight			CO202/518-FXF 0023776PM			

Work Sheet

Task 1: Which two service types does Fedex offer?

Answer:

Task 2: List 5 pieces of information about the Shipper that are needed to complete the form.

Answer:

Task 3: Where must the letters "C.O.D." appear for a collect shipment?

Answer:

Task 4: How do you designate an item you are shipping as a Hazardous material?

Answer:

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Task 5: List 3 pieces of information you need to fill in about the items you are shipping.

Answer:

Task 6: When do you need to provide an emergency contact number?

Answer:

Task 7: What information must you provide for international shipments?

Answer:
