



ATLANTIC
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FILE No. _____

NON-COMMERCIAL BILL OF LADING

CHAIN OF CUSTODY [X] SAMPLE TRANSPORTATION RECORD [X] SAMPLE DISTRIBUTION RECORD [] SAMPLE RECEIPT [X]

POINT OF ORIGIN		INTERMEDIARY		DESTINATION	
Facility Name :		Facility Name:		Facility Name:	
Location :		Location :		Location :	
Date :	Time :	Date :	Time :	Date :	Time :
Relinquished by (Print) :	(Signature) :	Received by (Print) :	(Signature) :	Received by (Print) :	(Signature) :

Product Description :

Analysis requested :

Delivered by Atlantic Product Services / Commercial Carrier (circle one)

Product 1 : _____
 Product 2 : _____
 Product 3 : _____
 Product 4 : _____

Inspector / Driver : _____
 Carrier : _____
 Air Bill Number : _____
 Date Shipped : _____

UN or ID Number	Proper Shipping Name	Class or Division	Packing Group	Sample Count	Container Size	Product Number	Sample Source Vessel Name / Tank Number / Submitted / etc...	Lab No.

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are properly classified, packaged, marked and labeled/placecarded, and are in all respects in proper condition for transport according to applicable International and Department of Transportation regulations.

Transporter (Print) : _____

FOR EMERGENCY RESPONSE INFORMATION CONTACT: INFOTRAC 1-800 535-5053 24hrs

THIS NON-COMMERCIAL BILL OF LADING MUST BE RETAINED FOR 375 DAYS PER DOT REGULATIONS

Transporter (Sign) : _____