



Vopak Terminal Long Beach
Driver's Truck Loading Information

Form 800a

Date/Time IN (Time Stamp, in space below)	Date/Time OUT (Time Stamp, in space below)
Trailer must be clean, dry and odor free or dedicated to a specific product!	

Date (Today):	Order No., or Release No. or _____
Ship to (Company Name):	Packing Slip No., or P.O. No. _____
Address (City):	
Carrier Name:	
Tractor Number	License Number
Trailer Number	License Number
VIK Inspection (1 Yr)	MC Number
P Pressure (5 Yrs)	Tank Mat'l of Construction <u> </u> SS CS FG
T Thickness (2 Yrs)	(Circle one) ALU RL
Comp/Last Contained	Method of Cleaning
1	Cleaning Certificate Provided: Yes No
2	Cleaning Certificate Number:
3	Order Ship Date:
4	Order Delivery Date:
5	Special Instructions:
6	

	Requested Amounts				
Comp/Capacity/Product	Gallons	Pounds	Tare Weight	Gross Weight	Seal Numbers
1					
2					
3					
4					
5					
6					

As the under signed driver I acknowledge that, I have provided correct and accurate information as written above. Additionally, I acknowledge that my incorrect information may delay the processing and loading of my truck.

Driver Name

(Print Clearly - First and Last Name)
(Signature)