



Vopak Terminal Long Beach
Driver's Truck Loading Information

Form 800b
Caustic/Water Blend

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:

		Requested Amounts				
Comp/Capacity		Gallons	Pounds	Tare Weight	Gross Weight	Seal Numbers
1	w)					
	c)					
2	w)					
	c)					
3						
4						
5						

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)