

WEIGHT CERTIFICATE

ORDER No. _____

SHIPPER _____

FROM _____

TO _____

Weights of vehicle before and after loading shipment are shown below. See summary for net wgt. of shipment.

Date _____

Date _____

TARE Weight _____ lbs.
(Before Loading)

GROSS Weight _____ lbs.
(After Loading)

Weighed by: (Signature as to tare weight only.)

Weighmaster

Weighed by: (Signature as to gross weight only.)

Weighmaster

Location of Scale: _____ **Street Address** _____

Location of Scale: _____ **Street Address** _____

(City) _____ **(State)** _____

(City) _____ **(State)** _____

This is to certify that the net weight of this shipment is as shown by the summary opposite.

SUMMARY

Van No. _____

Gross Weight _____

Tare Weight _____

Driver _____

Net Weight _____