

**Alabama State Port Authority
Truck Control Terminal**

REQUIRED INFORMATION TO PICK UP A LOAD

1. CUSTOMER/ACCOUNT OF: _____
CONTACT NAME/PHONE# _____
2. VESSEL/SHIP NAME/VOYAGE# _____
3. BILL OF LADING: _____
4. NBR. OF BLDS-PKGS/COMMODITY _____
5. STEVEDORE/PIER _____
6. PICK UP NUMBER _____
7. INLAND CARRIER/TRUCKING CO: _____
8. DELIVERY TO:
CONSIGNEE NAME: _____
ADDRESS: _____

FAX NUMBER: 251-441-7240

E-MAIL ADDRESS: truckcontrol@asdd.com

TRUCK CONTROL WED SITE: <http://www.asdd.com/Asd/truckcontrol.htm>



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Required Information to Deliver a Load

1. **Vessel / Ship Name:** _____
2. **Voyage Number:** _____
3. **Commodity:** _____
4. **Booking Number:** _____
5. **Marks / ID:** _____
6. **Discharge Port:** _____

Fax Number: 251-441-7240

Email Address: truckcontrol@asdd.com

Truck Control Web Site: <http://www.asdd.com/Asd/truckcontrol.htm>

IMPORTANT - You must have your name and truck on Fax

Name: _____

Truck: _____