



# Mandatory Chain of Signatures (COS)

Allocating responsibility for regulated shipments as they travel within our vehicles and through our facilities is an important security protocol at Pacific Coast Express Limited. Chain of Signature (COS) procedures ensure thorough management and oversight of shipments of regulated substances. By requiring COS documentation for these shipments, every employee involved is responsible and accountable throughout the delivery cycle. This includes drivers and terminal personnel, through to each recipient's signed acceptance. Proof of Delivery can be confirmed through the company website or directly from our Customer Service Department.

This responsibility is so important to us that failure to provide the appropriate documentation may result in Pacific Coast Express Limited refusing the shipment. All fields below are mandatory. Thank you for entrusting us with this shipment.

SHIPPER TO COMPLETE		
SHIPPER NAME:	ORIGIN:	DESTINATION:
FAX OR EMAIL:		
NAME OF CARRIER:	CARRIER'S BILL OF LADING #:	TRAILER #:
PRO #:	# / TYPE OF PIECES:	SEAL #:
SHIPPER SIGNATURE:	SHIPMENT DATE: MM / DD / YYYY	

TO BE COMPLETED BY EACH PERSON ACCEPTING CUSTODY OF THIS SHIPMENT REQUIRING CHAIN OF SIGNATURE DURING TRANSIT						
	Person and Company Represented	Person Accepting Custody		Date Accepted	Time Accepted	Signature
Pickup	Broker / Driver / Agent	PRINT NAME		MM / DD / YY	HH:MM	
	Unit # / License Plate #	UNIT #	LICENSE #			
	Interline Carrier	PRINT NAME		MM / DD / YY	HH:MM	
	Carrier Name	CARRIER NAME				
	Unit # / License Plate #	UNIT #	LICENSE #			
Terminals	Origin Dock Supervisor	PRINT NAME		MM / DD / YY	HH:MM	
	Terminal Location	TERMINAL LOCATION				
	Transfer Dock Supervisor	PRINT NAME		MM / DD / YY	HH:MM	
	Terminal Location	TERMINAL LOCATION				
	Transfer Dock Supervisor	PRINT NAME		MM / DD / YY	HH:MM	
	Terminal Location	TERMINAL LOCATION				
	Transfer Dock Supervisor	PRINT NAME		MM / DD / YY	HH:MM	
	Terminal Location	TERMINAL LOCATION				
	Delivery Dock Supervisor	PRINT NAME		MM / DD / YY	HH:MM	
	Terminal Location	TERMINAL LOCATION				
	Delivery	Broker / Driver / Agent	PRINT NAME		MM / DD / YY	HH:MM
		Unit # / License Plate #	UNIT #	LICENSE #		
Interline Carrier		PRINT NAME		MM / DD / YY	HH:MM	
Carrier Name		CARRIER NAME				
Unit # / License Plate #		UNIT #	LICENSE #			
Consignee		PRINT NAME		MM / DD / YY	HH:MM	