

Smyrna Outgate Sheet

Back-Up Carrier:

Scott Transportation

Date: _____

Driver: _____

Truck #, Load # and Name (If not a contract truck): _____

* DO NOT pull VIN tabs till units have been inspected and pulled for your load.

**If there are no VIN tabs please hand write the last 8 digits of the VIN.

This is for VINs that are physically loaded on your truck and will be leaving the facility.

Barcode Sticker or Last 8 of VIN:

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