

# Truck Cleaning Affidavit for Feed Deliveries

**Shipper:** \_\_\_\_\_

**Origination (City, State):** \_\_\_\_\_

**Destination (Supplier Name):** \_\_\_\_\_

**This supplier destination is verified for:** NHTC \_\_\_\_ NE3 \_\_\_\_

**Trucking/Shipping Firm:** \_\_\_\_\_

**Date Loaded:** \_\_\_\_\_

**Date Delivered:** \_\_\_\_\_

**Product Delivered:** \_\_\_\_\_

\_\_\_\_ This shipper only carries the above product.

This semi-trailer/container's last load transported,

- Feed that did not contain any controlled drugs.
- Feed that contained controlled drugs.

If the previous load contained a controlled product, then the truck was (circle all that apply)

- Swept / air blown / flushed / washed prior to loading of hormone free or NE3 (antibiotic-free) products.

I hereby certify that above equipment was cleaned thoroughly using the method indicated to keep the integrity of the product intact.

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Title:** \_\_\_\_\_

(Owner, Truck Driver, etc.)

This form must accompany Bill of Lading to: \_\_\_\_\_