



**Container Gross Weight/Mass Verification Form**

The following gross weights constitute the verified/certified gross weight of the following:

Container # \_\_\_\_\_ Bill of Lading/Booking # \_\_\_\_\_

Seal # \_\_\_\_\_

based on the verified gross weight/mass of its contents plus the TARE weight of the container as noted on the container. The gross weight is inclusive of the weight of the item plus all packaging, including skid(s) and crating.

**Contents/Packaging**  
**(List each pallet/skid/crate, etc)**

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| 1 Type _____<br>Gross Weight _____  | 2 Type _____<br>Gross Weight _____  |
| 3 Type _____<br>Gross Weight _____  | 4 Type _____<br>Gross Weight _____  |
| 5 Type _____<br>Gross Weight _____  | 6 Type _____<br>Gross Weight _____  |
| 7 Type _____<br>Gross Weight _____  | 8 Type _____<br>Gross Weight _____  |
| 9 Type _____<br>Gross Weight _____  | 10 Type _____<br>Gross Weight _____ |
| 11 Type _____<br>Gross Weight _____ | 12 Type _____<br>Gross Weight _____ |
| 13 Type _____<br>Gross Weight _____ | 14 Type _____<br>Gross Weight _____ |

Total gross weight of contents: \_\_\_\_\_  
 Weight of Blocking & Bracing \_\_\_\_\_  
 TARE Weight of Container: \_\_\_\_\_  
 Total Verified/Certified Gross Weight: \_\_\_\_\_

All weights shown are  **Lbs**  
 in:  **Kgs**

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**IN WITNESS WHEREOF**, Team Ocean Services, Inc. certifies, based on information provided by the actual shipper/shippers and verified by Team Ocean Services, Inc., the above gross weights/mass to be the true and accurate verified/certified weight of the container indicated above.

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Capacity: \_\_\_\_\_  
 Date: \_\_\_\_\_

Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
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