

## CARRIER, CONVEYANCE and EQUIPMENT INFORMATION

- 1) Transport carrier code: \_\_\_\_\_ 2) CRN/Trip number: \_\_\_\_\_
- 3) Port of Arrival: \_\_\_\_\_
- 4) Carrier name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Estimated date and time of arrival: \_\_\_\_\_
- 6) Phone #: \_\_\_\_\_ 7) Fax #: \_\_\_\_\_
- 8) Empty? Yes or No
- 9) VIN #: \_\_\_\_\_ 10) Vehicle License plate #: \_\_\_\_\_
- 11) Vehicle license plate state/province and country: \_\_\_\_\_
- 12) Type of vehicle (ex., semi tractor, box truck, etc...): \_\_\_\_\_
- 13) Equipment/Trailer License plate #: \_\_\_\_\_
- 14) Equipment/Trailer License plate state/province: \_\_\_\_\_
- 15) Type of equipment (ex., semi- truck trailer, flatbed, etc...): \_\_\_\_\_

## DRIVER/CREW INFORMATION\*\*

*\*\*Currently the driver/crew info is only required for US ACE eManifest however please be aware that CBSA will eventually require it at some point in the future. If there are multiple passengers please complete the passenger info for each, on a separate sheet.*

- 1) Driver name: \_\_\_\_\_ 2) Driver's DOB (mm/dd/yyyy): \_\_\_\_\_
- 3) Gender: Male      Female      4) Citizenship status: \_\_\_\_\_
- 5) Driver's License: License #: \_\_\_\_\_ State issued: \_\_\_\_\_ Country: \_\_\_\_\_
- 6) 2<sup>nd</sup> form of ID: Passport #: \_\_\_\_\_ Country issued: \_\_\_\_\_
- 7) FAST program participant? Yes      No      If yes, card #: \_\_\_\_\_
- 8) Is there a passenger with you? Yes      No      **\*If yes complete 9 through 14:**
- 9) Passenger name: \_\_\_\_\_ 10) Passenger DOB (mm/dd/yyyy): \_\_\_\_\_
- 10) Gender: Male      Female      11) Citizenship status: \_\_\_\_\_
- 12) Passenger License: License #: \_\_\_\_\_ State issued: \_\_\_\_\_ Country: \_\_\_\_\_
- 13) 2<sup>nd</sup> form of ID: Passport #: \_\_\_\_\_ Country issued: \_\_\_\_\_

14) FAST program participant? Yes      No      If yes, card #: \_\_\_\_\_

**SHIPMENT/CARGO INFORMATION**

**\*Copy and complete separate sheet for each additional shipment under this trip**

- 1) PARS/PAPS SCN#: \_\_\_\_\_
- 2) \*\*TRIP/CRN Number: \_\_\_\_\_ 3) \*\*Shipment \_\_\_\_\_ of \_\_\_\_\_
- 4) Broker Name \_\_\_\_\_ 5) Broker Filer code: \_\_\_\_\_
- 6) Name & address of the shipper/supplier: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7) Name and address of the consignee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8) Description of goods: \_\_\_\_\_
- 9) Gross weight: \_\_\_\_\_
- 10) Quantity and type of units (ex., boxes, bags, pieces, etc...) \_\_\_\_\_

\*\*\*\*\*

**11 and 12 are Required for US ACE eManifest ONLY**

- 11) Shipment contains goods subject to FDA Prior Notice? Yes      No
- 12) Shipment contains hazardous materials? Yes      No
- If yes: Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_
- Policy year: \_\_\_\_\_ Policy amount: \_\_\_\_\_
- Type of Hazmat: \_\_\_\_\_
- Hazmat Contact name: \_\_\_\_\_
- Hazmat Contact phone #: \_\_\_\_\_

\*\*To ensure all your shipments are properly entered and attached to the correct Trip, please be sure to complete field 2 with the corresponding trip/CRN , and field 3 on page 2 with the number of shipments, ex 1 of 2, 2 of 2, etc.



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# ACE/ACI eManifest

*Please fax completed paperwork to the appropriate office:*

Alexandria Bay, NY – (315) 233-6771 [alexbaymanifest-paps@anderinger.com](mailto:alexbaymanifest-paps@anderinger.com)

Detroit, MI – (734) 939-1565 [detroitmanifest-paps@anderinger.com](mailto:detroitmanifest-paps@anderinger.com)

Port Huron, MI - [porthuron-paps@anderinger.com](mailto:porthuron-paps@anderinger.com)

Buffalo, NY - (716) 886-8223

Calais, ME – (207) 454-8439

Houlton, ME – (207) 532-9462

Champlain, NY – (518) 298-7557

Highgate, VT – (866) 863-5502

Jackman, ME – (207) 668-4034

Derby Line, VT – (802) 873-9113

Norton, VT – (802) 822-5204

Massena, NY – (866) 556-3569

Ogdensburg, NY – (315) 233-6771

Port Huron, MI – (810) 987-4023

Pembina, ND – (701) 825-6212

Portal, ND – (701) 926-4031

Sweetgrass, MT – (406) 335-2295

Eastport, ID – (866) 524-2390

Blaine, WA – (360) 332-4062

## eManifest

### Billing Information

Deringer Account Number (ex. ABCINC0001): \_\_\_\_\_



Type of Credit Card (check one): Visa                      Mastercard

Name as it appears on card: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration date (mm/yy): \_\_\_\_\_

CCV number (last 3 #s on the back of the card): \_\_\_\_\_

Billing name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_