



# DERINGER ACE/ACI MANIFEST REQUEST FORM

Please type or print, unreadable information will cause delays in manifest processing or when you reach US Customs.

TRANSPORT CARRIER CODE		CRN/TRIP NUMBER		PORT OF ARRIVAL	
CARRIER NAME AND ADDRESS		CONTACT PHONE NUMBER		ESTIMATED DATE/TIME OF ARRIVAL	
		RETURN MANIFEST TO FAX NUMBER		RETURN MANIFEST TO E-MAIL	
		EMPTY	LOADED	GOODS SUBJECT TO FDA PRIOR NOTICE YES NO	
<b>VEHICLE INFORMATION</b>			<b>EQUIPMENT/TRAILER INFORMATION</b>		
REFERENCE #			REFERENCE #		
VIN #			LICENSE PLATE #		
LICENSE PLATE #			LICENSE PLATE STATE/PROVINCE		
LICENSE PLATE STATE/PROVINCE			TYPE OF EQUIPMENT (i.e. semi-truck trailer, flatbed, etc.)		
TYPE OF VEHICLE (i.e. semi-tractor, box truck, etc.)					
<b>DRIVER INFORMATION (IF NO FAST CARD OR ENHANCED DRIVERS LICENSE, 2 FORMS OF ID REQUIRED)</b>					
NAME			DATE OF BIRTH (MM/DD/YY)		
GENDER MALE FEMALE			COUNTRY OF CITIZENSHIP		
DRIVER'S LICENSE #		DRIVER'S LICENSE STATE		DRIVER'S LICENSE COUNTRY	
PASSPORT #			ENHANCED DRIVERS LICENSE? YES NO		
PASSPORT COUNTRY			FAST CARD #		
<b>PASSENGER #1 INFORMATION (1 ID REQUIRED, 2 REQUIRED IF PRIMARY ID IS "OTHER" OR A NON-ENHANCED DL, MINORS UNDER 16 NEED 1 ID)</b>					
NAME			DATE OF BIRTH (MM/DD/YY)		
GENDER MALE FEMALE			COUNTRY OF CITIZENSHIP		
DRIVER'S LICENSE #		DRIVER'S LICENSE STATE		DRIVER'S LICENSE COUNTRY	
PASSPORT #			ENHANCED DRIVERS LICENSE? YES NO		
PASSPORT COUNTRY			FAST CARD #		
<b>PASSENGER #2 INFORMATION (1 ID REQUIRED, 2 REQUIRED IF PRIMARY ID IS "OTHER" OR A DRIVER'S LICENSE, MINORS UNDER 16 NEED 1 ID)</b>					
NAME			DATE OF BIRTH (MM/DD/YY)		
GENDER MALE FEMALE			COUNTRY OF CITIZENSHIP		
DRIVER'S LICENSE #		DRIVER'S LICENSE STATE		DRIVER'S LICENSE COUNTRY	
PASSPORT #			ENHANCED DRIVERS LICENSE? YES NO		
PASSPORT COUNTRY			FAST CARD #		
<b>SHIPMENT/CARGO INFORMATION #1</b>			<b>SHIPMENT/CARGO INFORMATION #2</b>		
PARS/PAPS SCN#			PARS/PAPS SCN#		
SHIPPER/SUPPLIER NAME & ADDRESS		CONSIGNEE NAME & ADDRESS		SHIPPER/SUPPLIER NAME & ADDRESS	
				CONSIGNEE NAME & ADDRESS	
DESCRIPTION OF GOODS			DESCRIPTION OF GOODS		
GROSS WEIGHT LBS KGS			GROSS WEIGHT LBS KGS		
NUMBER & KIND OF PACKAGES (I.E. 150 BOXES)*			NUMBER & KIND OF PACKAGES (I.E. 150 BOXES)*		

\*You must provide us with the quantity of the lowest external packaging unit. Containers and pallets are not acceptable manifested quantities. For example, a container holding 10 pallets with 200 cartons should be described as 200 cartons, not 10 pallets. Only bulk cargo should have a quantity of 1. Page 1 REV 04/2024



SHIPMENT/CARGO INFORMATION #3		SHIPMENT/CARGO INFORMATION #4	
PARS/PAPS SCN#		PARS/PAPS SCN#	
SHIPPER/SUPPLIER NAME & ADDRESS	CONSIGNEE NAME & ADDRESS	SHIPPER/SUPPLIER NAME & ADDRESS	CONSIGNEE NAME & ADDRESS
DESCRIPTION OF GOODS		DESCRIPTION OF GOODS	
GROSS WEIGHT LBS KGS		GROSS WEIGHT LBS KGS	
NUMBER & KIND OF PACKAGES (I.E. 150 BOXES)*		NUMBER & KIND OF PACKAGES (I.E. 150 BOXES)*	

**\*You must provide us with the quantity of the lowest external packaging unit. Containers and pallets are not acceptable manifested quantities. For example, a container holding 10 pallets with 200 cartons should be described as 200 cartons, not 10 pallets. Only bulk cargo should have a quantity of 1.**

**HAZARDOUS MATERIALS** - If your shipment contains hazardous materials, the following is required

INSURANCE COMPANY	POLICY #	POLICY YEAR
POLICY AMOUNT	TYPE OF HAZMAT	HAZMAT CONTACT NAME
HAZMAT CONTACT PHONE	HAZMAT CONTACT EMAIL	

Please e-mail or fax your completed paperwork to the appropriate office. For all A.N. Deringer Fax/E-mail/Locations click [HERE](#).

Some of our offices have specific e-mail addresses to receive e-manifest requests:

Alex Bay, NY – [alexbaymanifest-paps@anderinger.com](mailto:alexbaymanifest-paps@anderinger.com)  
 Blaine, WA – [blaineemanifest-paps@anderinger.com](mailto:blaineemanifest-paps@anderinger.com)  
 Champlain, NY – [champlainemanifest-paps@anderinger.com](mailto:champlainemanifest-paps@anderinger.com)

Detroit, MI – [detroitemanifest-paps@anderinger.com](mailto:detroitemanifest-paps@anderinger.com)  
 Port Huron, MI - [porthuronemanifest-paps@anderinger.com](mailto:porthuronemanifest-paps@anderinger.com)

**Or Fax to:**

Alex Bay, NY – (315) 233-6771  
 Buffalo, NY - (716) 886-8223  
 Calais/Houlton, ME – (207) 454-8439  
 Champlain, NY – (518) 298-7557  
 Highgate, VT – (866) 863-5502  
 Derby Line, VT – (802) 873-9113

Blaine, WA – (360) 332-4062  
 Detroit, MI – (734) 939-1565  
 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

For Shipment Status Updates Visit <https://www.anderinger.com/track/>

**BILLING** – Please complete the following section if you are paying by Credit Card

DERINGER ACCOUNT NUMBER	VISA	MASTERCARD
NAME ON CARD	CARD NUMBER	
EXPIRATION DATE (MM/YYYY)	CCV (3 DIGITS ON BACK)	
BILLING NAME AND ADDRESS		