

ACE ELECTRONIC MANIFEST ADDITIONAL SHIPMENT FORM

THIS FORM MUST BE ACCOMPANIED WITH AN ACE ELECTRONIC MANIFEST REQUEST FORM

COMPANY NAME _____

DRIVER NAME _____

SHIPMENT RELEASE TYPE (CHECK ONE) PAPS 7523 SECTION 321 3299

SHIPMENT CONTROL NUMBER _____
IF PAPS RELEASE USE PAPS BARCODE NUMBER

SHIPPER NAME _____

STREET _____

CITY _____ PROVINCE _____ POSTAL CODE _____

CONSIGNEE NAME _____

STREET _____

CITY _____ STATE _____ ZIP/POSTAL CODE _____

CARGO DESCRIPTION _____

QUANTITY _____ UNIT OF MEASURE _____ COUNTRY OF ORIGIN _____
BOX CARTON PACKAGE PIECES SKID UNIT OPTIONAL

WEIGHT _____ LBS KGS VALUE (U.S. \$) _____
NOT NECESSARY FOR PAPS OR 3299 RELEASE

CHECK HERE IF THIS SHIPMENT IS IN BOND

CHECK HERE IF THIS SHIPMENT CONTAINS HAZARDOUS MATERIALS

CHECK HERE IF THIS SHIPMENT CONTAINS FOOD

CHECK HERE IF THIS SHIPMENT CONTAINS FOOD AND IS PREFILED