

ACE ELECTRONIC MANIFEST REQUEST FORM.....PAGE 1 OF 2

USE THIS FORM FOR ENTRY INTO THE UNITED STATES.

COMPANY NAME _____ SCAC CODE _____

SUBMITTED BY _____ TEL _____

ARRIVAL DATE / / TIME : : **UNITED STATES**
MM DD HH : MM (24:00 HRS) PORT OF ARRIVAL _____
DO NOT ENTER CANADIAN OR MEXICAN PORTS

TOTAL NUMBER OF SHIPMENTS WITH THIS TRIP _____ (MAKE COPIES OF THIS PAGE FOR EXTRA SHIPMENTS)

DRIVERS ARE REQUIRED TO HAVE AN ACE ELECTRONIC MANIFEST COVER SHEET WITH THEM WHEN THEY ARRIVE AT THE BORDER. AFTER THE ELECTRONIC MANIFEST IS ACCEPTED BY CUSTOMS AND BORDER PROTECTION EMANIFEST SERVICE CENTRE WILL PROVIDE THIS DOCUMENT.

SEND COVER SHEET TO: _____
PROVIDE A **FAX NUMBER** OR **EMAIL ADDRESS** WHERE TO SEND THE COVER SHEET

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

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PLEASE NOTE: ELECTRONIC MANIFESTS **DO NOT** REPLACE CUSTOMS BROKERAGE.
PRINT CLEARLY. ILLEGIBLE OR MISSING INFORMATION WILL RESULT IN DELAYS.

TRUCK LICENSE PLATE NUMBER _____ STATE/PROVINCE _____

TRUCK VIN NUMBER _____

TRUCK TYPE _____ DOT NUMBER _____
SEMI TRACTOR - BOX TRUCK - PICKUP - VAN - OTHER OPTIONAL

TRAILER LICENSE PLATE NUMBER _____ STATE/PROVINCE _____

TRAILER TYPE _____
DRY VAN - REEFER - FLAT BED - TANKER - GOOSENECK - HORSE - OTHER

DRIVER NAME _____
FIRST LAST MIDDLE

CELL PHONE OR CONTACT NUMBER _____ HAZMAT YES NO

DATE OF BIRTH _____ / _____ / _____ CITIZENSHIP _____ GENDER _____
MM DD YYYY US - CANADIAN - ETC.

US ADDRESS **ONLY** _____

CITY _____ STATE _____ ZIP _____

DRIVER LICENSE NUMBER _____ STATE/PROVINCE _____
 CHECK HERE IF THIS IS AN ENHANCED DRIVERS LICENSE

PASSPORT **OR** FAST ID NUMBER _____ COUNTRY _____

CREW / PASSENGER NAME _____
FIRST LAST MIDDLE

DATE OF BIRTH _____ / _____ / _____ CITIZENSHIP _____ GENDER _____
MM DD YYYY US - CANADIAN - ETC.

US ADDRESS **ONLY** _____

CITY _____ STATE _____ ZIP _____

DRIVER LICENSE NUMBER _____ STATE/PROVINCE _____
DRIVERS LICENSE NUMBER NOT REQUIRED FOR PASSENGER

CHECK HERE IF THIS IS AN ENHANCED DRIVERS LICENSE

PASSPORT **OR** FAST ID NUMBER _____ COUNTRY _____