

ACI-ACE eMANIFEST HIGHWAY REQUEST
Carrier, Conveyance and Equipment Information

Transport carrier code: CRN/Trip number:

Port of Arrival:

Carrier Name:

Address: City: Province/State:

Postal/Zip Code: Phone #: Email:

Estimated date and time of arrival:

VEHICLE DATA

VIN #: Vehicle License plate #:

Vehicle license plate state/province and country:

Type of vehicle (ex., semi tractor, box truck, etc...):

Is this vehicle (including equipment/trailer) empty of cargo? Yes No

EQUIPMENT/TRAILER DATA

Equipment License plate #:

Equipment license plate state/province and country:

Type of equipment (ex., semi-truck trailer, flatbed etc...):

DRIVER/CREW INFORMATION

If there are multiple passengers please complete the passenger info for each, on a separate sheet.

Driver name:

Driver's DOB Gender: Male Female Citizenship status:
(mm/dd/yyyy)

Driver's License: License #: State/Prov issued: Country:

2nd form of ID: Passport #: Country issued:

FAST program participant? Yes No If yes, card #:

Is there a passenger with you? Yes No *If yes complete the following:

Passenger name: Passenger DOB
(mm/dd/yyyy)

Gender: Male Female Citizenship status:

Passenger's License: License #: State/Prov issued: Country:

2nd form of ID: Passport #: Country issued:

FAST program participant? Yes No If yes, card #:

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SHIPMENT/CARGO INFORMATION

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

PARS/PAPS SCN#:

TRIP/CRN Number: Shipment of

Broker Name: Broker Filer code:

Name of the shipper/supplier:

Address: City: Province/State:

Postal/Zip Code:

Name of the consignee:

Address: City: Province/State:

Postal/Zip Code:

Description of goods:

Gross weight:

Quantity and type of units (ex., boxes, bags, pieces, etc...):

Required for US ACE eManifest ONLY:

Shipment contains goods subject to FDA Prior Notice? Yes No

Shipment contains hazardous materials? Yes No

If yes: Insurance company:

Policy #: Policy year: Policy amount:

Type of Hazmat:

Hazmat Contact name: Hazmat Contact phone #:

Email completed form to teamtraffic@courtney.ca or fax to 1.800.956.8388

Check your PARS at www.courtney.ca or <https://courtney.itm.descartes.com/parstracker/>