



ACI EMANIFEST FORM

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TRIP INFORMATION

CARRIER NAME		ACI COVERSHEET FAX #/EMAIL BACK <i>(for barcoded ACI coversheet)</i>			
CONVEYANCE REFERENCE NUMBER <i>(trip number)</i>		PORT OF ENTRY		ESTIMATED TIME OF ARRIVAL	
				DATE: _____	
				TIME: _____	
TRUCK UNIT #	TRUCK PLATE	PLATE STATE/PROVINCE		CARGO EXEMPTIONS	
				<input type="checkbox"/> EMPTY <input type="checkbox"/> IIT <input type="checkbox"/> LVS	
TRAILER UNIT #	TRAILER PLATE	PLATE STATE/PROVINCE		SEAL <i>(if applicable)</i>	
1	2	1	2	1	2
DRIVER NAME		DRIVER CELL PHONE #		DRIVER EMAIL	
TEAM DRIVER NAME <i>(if applicable)</i>			CITY OF ACCEPTANCE <i>(if picked up from different address than shipper)</i>		

SHIPMENT INFORMATION

CARGO CONTROL NUMBER	SHIPMENT TYPE		
	<input type="checkbox"/> PARS	<input type="checkbox"/> IN-BOND <i>(attach A&A form)</i>	
	<input type="checkbox"/> A49	<input type="checkbox"/> OTHER _____	
SHIPPER	CONSIGNEE		
NAME:	NAME:		
ADDRESS:	ADDRESS:		
CITY, STATE/PROV:	CITY, STATE/PROV:		
ZIP/POSTAL:	ZIP/POSTAL:		
DESCRIPTION OF GOODS	QUANTITY	WEIGHT <i>(gross)</i>	UN CODE <i>(if hazmat)</i>
	<input type="checkbox"/> PCS	<input type="checkbox"/> LBS	
	<input type="checkbox"/> PKGS	<input type="checkbox"/> KGS	
	<input type="checkbox"/> _____		

**** ATTENTION – PLEASE FOLLOW INSTRUCTIONS CAREFULLY ****

Without all of the necessary fields filled in, we CANNOT process your ACI eManifest.

- **DO NOT** hand this form to the officer at border without a PARS or Conveyance Reference Number barcode. A barcoded coversheet can be requested via fax from BorderConnect. *Call 1-800-596-5176 to request a coversheet.*
- **BorderConnect does not fax to brokers.** Be sure to fax paperwork to customs broker as soon as possible to avoid delays.
- **YOU MUST WAIT 1 HOUR AFTER EMANIFEST IS ACCEPTED BEFORE ARRIVING AT THE BORDER.**

BorderConnect

www.borderconnect.com

Phone: 1-800-596-5176 | alternate: 1-519-967-9072

Fax: 1-866-964-1717 | alternate: 1-866-415-0747

Email: fax@borderconnect.com



ACI SHIPMENT FORM

SHIPMENT INFORMATION

CARGO CONTROL NUMBER		SHIPMENT TYPE	
		<input type="checkbox"/> PARS	<input type="checkbox"/> IN-BOND (<i>attach A&A form</i>)
		<input type="checkbox"/> A49	<input type="checkbox"/> OTHER _____
SHIPPER		CONSIGNEE	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY, STATE/PROV:		CITY, STATE/PROV:	
ZIP/POSTAL:		ZIP/POSTAL:	
DESCRIPTION OF GOODS	QUANTITY	WEIGHT (<i>gross</i>)	UN CODE (<i>if hazmat</i>)
	<input type="checkbox"/> PCS	<input type="checkbox"/> LBS	
	<input type="checkbox"/> PKGS	<input type="checkbox"/> KGS	
	<input type="checkbox"/> _____		

CARGO CONTROL NUMBER		SHIPMENT TYPE	
		<input type="checkbox"/> PARS	<input type="checkbox"/> IN-BOND (<i>attach A&A form</i>)
		<input type="checkbox"/> A49	<input type="checkbox"/> OTHER _____
SHIPPER		CONSIGNEE	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY, STATE/PROV:		CITY, STATE/PROV:	
ZIP/POSTAL:		ZIP/POSTAL:	
DESCRIPTION OF GOODS	QUANTITY	WEIGHT (<i>gross</i>)	UN CODE (<i>if hazmat</i>)
	<input type="checkbox"/> PCS	<input type="checkbox"/> LBS	
	<input type="checkbox"/> PKGS	<input type="checkbox"/> KGS	
	<input type="checkbox"/> _____		

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