



# ACE EMANIFEST FORM

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## TRIP INFORMATION

CARRIER NAME		ACE COVERSHEET FAX #/EMAIL BACK <i>(for barcoded ACE coversheet)</i>			
TRIP NUMBER		PORT OF ARRIVAL		ESTIMATED TIME OF ARRIVAL	
				DATE: _____	
				TIME: _____	
TRUCK UNIT #	TRUCK PLATE	PLATE STATE/PROVINCE		CARGO EXEMPTIONS	
				<input type="checkbox"/> EMPTY <input type="checkbox"/> IIT	
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>			PASSENGER NAME <i>(if applicable)</i>		

## SHIPMENT INFORMATION

SHIPMENT CONTROL NUMBER		SHIPMENT TYPE			
		<input type="checkbox"/> PAPS		<input type="checkbox"/> IN-BOND	
		<input type="checkbox"/> SECTION 321		<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 ACE eManifest.

- Please **print legibly**. Trucks can be delayed and penalties assessed by CBP. 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.
- If you are unsure if BorderConnect has received your fax or email, please call to confirm at 1-800-596-5176.

**BorderConnect**

[www.borderconnect.com](http://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](mailto:fax@borderconnect.com)



# ACE SHIPMENT FORM

## SHIPMENT INFORMATION

SHIPMENT CONTROL NUMBER	SHIPMENT TYPE		
	<input type="checkbox"/> PAPS	<input type="checkbox"/> IN-BOND	
	<input type="checkbox"/> SECTION 321	<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 (gross)	UN CODE (if hazmat)
	<input type="checkbox"/> PCS	<input type="checkbox"/> LBS	
	<input type="checkbox"/> PKGS	<input type="checkbox"/> KGS	
	<input type="checkbox"/> _____		

SHIPMENT CONTROL NUMBER	SHIPMENT TYPE		
	<input type="checkbox"/> PAPS	<input type="checkbox"/> IN-BOND	
	<input type="checkbox"/> SECTION 321	<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 (gross)	UN CODE (if hazmat)
	<input type="checkbox"/> PCS	<input type="checkbox"/> LBS	
	<input type="checkbox"/> PKGS	<input type="checkbox"/> KGS	
	<input type="checkbox"/> _____		

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