



ACE E-MANIFEST COVER SHEET

SCN or PAPs number

Contact our ACE E-Manifest group at:

Email: direct@livingston.com

Driver First & Last Name:

Driver Cell Phone Number:

Truck Description/Unit#:

Truck Lic. Plate# & State/Province:

Trailer Description/Unit#:

Trailer Lic. Plate# & State/Province:

U.S Port of Arrival

Alex Bay

Blaine

Buffalo/Lewiston

Champlain

Derby Line

Detroit

Eastport

International Falls

Oroville

Pembina

Portal

Port Huron

Raymond

Sumas

Other U.S. Port - Please Specify:

Date & Time of Arrival:

Crew Member First & Last Name:

Passenger First & Last Name:

Shipment Quantity:

Shipment Package Type:

Gross Weight

Quantity reporting ACE E-Manifest per Title 19 of the Code of Federal Regulations

123.92(d)(7): The numbers and quantities for the cargo laden aboard the truck as contained in the bill(s) of lading (this means the quantity of the lowest external packaging unit; containers and pallets do not constitute acceptable information; for example, a container holding 10 pallets with 200 cartons should be described as 200 cartons);

Please Indicate Below How We Can Notify You With The ACCEPTED Trip ID Number:

Telephone Number:

Fax Number:

Email Address:



Company Name:		
Street:		
City & State/Province:		
Postal/Zip Code:		
Primary Contact:		
Phone Number:		
Fax Number:		
Email:		
SCAC: Code		
DRIVER INFORMATION:	PASSENGER INFORMATION:	
CREW MEMBER INFORMATION:	*CDL information not required for PASSENGERS*	
First Name:		
Last Name:		
FAST ID Number:		
If FAST approved, none of the following information is required for the driver/crew member/passenger.		
Street Address:		
City & State/Province:		
Zip/Postal Code:		
Gender / Citizenship:		
Date of Birth:		
CDL License Number:		
CDL License Country State/Province:		
Enhanced Drivers License Number:		
Enhanced License Country & State/Province:		
If there is an Enhanced Drivers License the following WHTI documentation is not required		
WHTI Documentation - ONE OF THE FOLLOWING MUST BE DECLARED		
Passport Number:		
Passport Country:		
Other Document Type (See list below):		
Other Document Number:		
Other WHTI documents list:		SENTRI Card
Visa (Immigrant)		Permanent Resident Card (C1 or C2)
Visa (Non-Immigrant)		US Alien Registration Card (A1 or A2):
DHS Refugee Travel Document		Enhanced Tribal Card/INAC
US Military ID Document		US Merchant Marine Mariner Document
NEXUS Card		Laser Visa (BCC)
US Passport Card		DHS Re-Entry Permit
<u>IF HAZ-MAT FOLLOWING IS REQUIRED</u>		
Insurance Company:		
Policy#:		
Liability Amount:		
Year of Issuance:		
HAZ-MAT codes for driver/crew member:		



Company Name:	
Street:	
City & State/Province:	
Postal/Zip Code:	
Primary Contact:	
Phone Number:	
Fax Number:	
Email:	
SCAC: Code	

TRACTOR / VEHICLE / CONVEYANCE INFORMATION:


Description / Unit Number:	
Type (See list below):	
VIN Number:	
DOT Number:	
Tractor License Plate Number:	
Tractor License State/Province:	
TR = Tractor (semi) OC = Other PN = Panel Truck	AU = Automobile BT = Box Truck PU = Pick-Up Truck

TRAILER / EQUIPMENT INFORMATION:

Description/Unit Number:	
Type (See list below):	
Trailer License Plate Number:	
Trailer License Plate State / Province:	
TL = Semi-truck trailer TC = Auto Carrier/Trailer NC = No Equipment (For vehicles without trailers; Automobiles, Box Truck, etc.)	OE = Other TK - Tank Trailer (food grade liquids)

IF HAZ-MAT THE FOLLOWING IS REQUIRED

Insurance Company:	
Policy#:	
Liability Amount:	
Year of Issuance:	

EXPORTER, SELLER		PRODUCER OF GOODS (IF DIFFERENT THAN EXPORTER)				
SHIPPED TO, CONSIGNEE		BUYER (IF DIFFERENT THAN CONSIGNEE)				
IRS NUMBER:		IRS NUMBER:				
PARTIES TO THIS TRANSACTION ARE <input type="checkbox"/> RELATED <input type="checkbox"/> NOT RELATED	COUNTRY OF FINAL DEST. (IF OTHER THAN U.S.A.)	INVOICE DATE	DATE OF SALE			
U.S. DUTY / BROKERAGE FOR ACCOUNT OF: <input type="checkbox"/> EXPORTER <input type="checkbox"/> SHIP TO, CONSIGNEE <input type="checkbox"/> OTHER (specify) _____		DISCOUNTS	PORT OF ENTRY:			
LIVINGSTON ACCOUNT NUMBER:		TERMS OF SALE				
		CURRENCY OF SALE <input type="checkbox"/> U.S. <input type="checkbox"/> CANADIAN <input type="checkbox"/> OTHER (specify) _____				
MARKS AND NUMBERS	NUMBERS AND KIND OF PACKAGES	SHIPPING WEIGHT	FREIGHT AMOUNT INCLUDED	FREIGHT AMOUNT TO BORDER		
COUNTRY OF ORIGIN	DESCRIPTION OF GOODS		TEN DIGIT H.T.S. NUMBER	UNIT QTY.	UNIT PRICE	INVOICE TOTAL
						
	If food is being imported, have any of the food items on this shipment been refused by any other countries? No Yes (if yes please specify which products have been refused and the name of the country that refused them). COMMENTS					INVOICE TOTAL
						ABOVE PRICES INCLUDE <input type="checkbox"/> DUTY <input type="checkbox"/> BROKERAGE <input type="checkbox"/> FREIGHT
DECLARATION BY FOREIGN SHIPPER (To be completed only when the goods described above are of U.S. origin and their value exceeds \$500.00)						
I _____ declare that the articles herein specified are to the best of my knowledge and belief, the growth, produce or manufacture of the United States: That they were exported from the United States from the port of _____ on or about _____ that they are returned without having been advanced in value or improved in condition by any process of manufacture or other means. Any shipment that contains U.S. goods returned valued over \$2,500 should have a manufacturer's affidavit attached to this invoice.						
SHIPPER	SIGNATURE		DATE SIGNED			
To the best of the knowledge and belief of the preparer this invoice is true and complete and discloses the true prices, values, quantities, rebates, drawbacks, fees, commissions, royalties and any goods or services provided to the seller either free or at a reduced cost.	PREPARER (IF OTHER THAN EXPORTER)		NAME OF RESPONSIBLE EMPLOYEE OF EXPORTER			