ACE eManifest Cover Sheet



Contact our ACE E-Manifest group at:

Telephone (Monday – Friday): (810) 984-4114 ext. 17291 Email: race.team@livingstonintl.com SCN or PAPs number

Driver and Crew / Passenger Information

| Driver First & Last Name: |
|--------------------------------|
| Driver Cell Phone Number: |
| Crew Member First & Last Name: |
| Passenger First & Last Name: |

Truck Information

| Description / Unit Number: | |
|----------------------------|---------------------------------|
| License Plate Number: | License Plate State / Province: |

Trailer Information

| Description / Unit Number: | |
|----------------------------|---------------------------------|
| License Plate Number: | License Plate State / Province: |

Shipment Information

| U.S. Port of Arrival: | 'ort of Arrival: | | |
|-----------------------|----------------------------------|--|--|
| Date of Arrival: | Time of Arrival: | | |
| Shipment Quantity: | Shipment Package Type: | | |
| Gross Weight: | Lbs / Pounds or Kgs / Kilograms: | | |
| | | | |

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: | |

Entry Number Tracker: www.livingstontracker.com