

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:	
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

Carrier Information

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

Crew/Passenger Information

First Name:	Last Name:
FAST ID:	

If FAST approved, none of the following information is required for the driver.

Street Address:		
City:	State/Province:	Postal/Zip Code:
Citizenship:	Date of Birth:	Gender:
CDL License Number:		
CDL License Country State/Province:		
Enhanced Drivers License Number:		
Enhanced License Country & State/Province:		

If crew/passenger has 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 Number:	Other Document Type:

Carrier Information

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

Driver Information

First Name:	Last Name:
FAST ID:	

If FAST approved, none of the following information is required for the driver.

Street Address:		
City:	State/Province:	Postal/Zip Code:
Citizenship:	Date of Birth:	Gender:
CDL License Number:		
CDL License Country State/Province:		
Enhanced Drivers License Number:		
Enhanced License Country & State/Province:		

If driver has valid Enhanced Drivers License none of the following WHTI documentation is required

WHTI Documentation - ONE OF THE FOLLOWING MUST BE DECLARED	
Passport Number:	Passport Country:
Other Document Number:	Other Document Type:

Tractor Information

Description / Unit Number:		
VIN#:	DOT#:	Vehicle Weight:
License Plate Number:	License Plate State/Province:	

Trailer Information

Description / Unit Number:	
Type:	
License Plate Number:	License Plate State/Province:

If HAZ-MAT, following is required

Insurance Company:		
Policy#:	Liability Amount:	Year Of Issuance:
HAZ-MAT Codes For Crew:		