# 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

## RIDE051922A

## **Driver and Crew / Passenger Information**

| Driver First & Last Name: TYLER BERTUZZI                 |
|--|
| Driver Cell Phone Number: 555-777-5577                   |
| Crew Member First & Last Name: ONLY APPLICABLE IF IN CAB |
| Passenger First & Last Name: ONLY APPLICABLE IF IN CAB   |

#### **Truck Information**

| Description / Unit Number: #1 - VOLVO TRACTOR |                                       |
|---|---------------------------------------|
| License Plate Number: TX 3264                 | License Plate State / Province: TEXAS |

#### **Trailer Information**

| Description / Unit Number: #2 - 50' TYPE TRAILER |                                       |
|--|---------------------------------------|
| License Plate Number: UC 1234                    | License Plate State / Province: TEXAS |

## **Shipment Information**

| U.S. Port of Arrival: BUFFALO, NEW YORK  |   |  |
|--|---|--|
| Date of Arrival: 05-19-2022  | Time of Arrival: 7:30AM                         |  |
| Shipment Quantity: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  | Shipment Package Type: 50' SEMI TRACTOR/TRAILER |  |
| Gross Weight: 47000  | Lbs / Pounds or Kgs / Kilograms: KG             |  |
| Quantity reporting ACE E-Manifest per Title 19 of the Code of Federal Regulations 123 92(d)(7) |   |  |

Quantity reporting ACE E-Manifest per 1 itle 19 of the Code of Federal Regulations 123.92(d)(/): 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: 555–777*5577        | Fax Number: |
|---------------------------------------|-------------|
| Email Address: YOUREMAIL@RACETEAM.COM |             |

Entry Number Tracker: www.livingstontracker.com



## **Carrier Information**

| Company Name: RIDE HOME SPORTS CARRIER                  |  |  |
|---|--|--|
| Street:42 WALLABY WAY                                   |  |  |
| City:ST. CLARIE State/Province:MI Postal/Zip Code:48192 |  |  |
| Phone Number(s):777-555-7755                            |  |  |
| Fax Number(s):  |  |  |
| Primary Contact(s):TYLER BERTUZZI                       |  |  |
| Email:YOUREMAIL@RACETEAM.COM                            |  |  |
|   |  |  |

## **Crew/Passenger Information**

| First Name: ONLY APPLICABLE IF PASSENGER IS PRESENT | Last Name: |
|---|------------|
| FAST ID:n/a   |            |

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

| Street Address: 13529 CENTER CT                               |                 |             |                       |
|---|-----------------|-------------|-----------------------|
| City:WINGS  | State/Province: |             | Postal/Zip Code:48180 |
| Citizenship:UNITED STATES OF AMERICA Date of Birth:05/11/1992 |                 | Gender:MALE |                       |
| CDL License Number:LICENSE #                                  |                 |             |                       |
| CDL License Country State/Province:MICHIGAN                   |                 |             |                       |
| Enhanced Drivers License Number:  F APPLICABLE                |                 |             |                       |
| 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:  F APPLICABLE Passport Country: |  | Passport Country:    |
|  | Other Document Number:                                     | Other Document Type: |



## **Carrier Information**

| Company Name: RIDE HOME SPORTS CARRIER |                  |  |
|--|------------------|--|
| Street:42 WALLABY WAY                  |                  |  |
| City:ST. CLARIE State/Province:MI      |                  |  |
| Phone Number(s):777-555-7755           |                  |  |
| Fax Number(s):                         |                  |  |
| Primary Contact(s):TYLER BERTUZZI      |                  |  |
| Email:YOUREMAIL@RACETEAM.COM           |                  |  |
|  | State/Province:∭ |  |

## **Driver Information**

| First Name: ONLY APPLICABLE IF PASSENGER IS PRESENT | Last Name: |
|---|------------|
| FAST ID:n/a   |            |

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

| Street Address: 13529 CENTER CT                |                 |                          |                       |
|--|-----------------|--------------------------|-----------------------|
| City:WINGS                                     | State/Province: |                          | Postal/Zip Code:48180 |
| Citizenship:UNITED STATES OF AMERICA Dat       |                 | Date of Birth:05/11/1992 | Gender:MALE           |
| CDL License Number:LICENSE #                   |                 |                          |                       |
| CDL License Country State/Province:MICHIGAN    |                 |                          |                       |
| Enhanced Drivers License Number: IF APPLICABLE |                 |                          |                       |
| 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:   F APPLICABLE                            | Passport Country:    |  |
| Other Document Number:                                     | Other Document Type: |  |

#### **Tractor Information**

| Description / Unit Number:#1 - VOLVO TRACTOR |       |                               |                 |  |  |
|--|-------|-------------------------------|-----------------|--|--|
| VIN#:  | DOT#: |                               | Vehicle Weight: |  |  |
| License Plate Number: TX 3264                |       | License Plate State/Province: |                 |  |  |

#### **Trailer Information**

| Description / Unit Number:#2 - 50' TYPE TRAILER |                               |  |  |  |
|---|-------------------------------|--|--|--|
| Туре:   |                               |  |  |  |
| License Plate Number: UC 1234                   | License Plate State/Province: |  |  |  |

## If HAZ-MAT, following is required

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