

ACI eMANIFEST SETUP PACKAGE – ENTERING INTO CANADA



The Canada Border Services Agency (CBSA) timeline for implementation of northbound ACI eManifest is as follows:

November 1, 2011 to November 1, 2012 – Highway carriers have 12 months to incorporate eManifest requirements into their business processes.

November 1, 2012 to May 1, 2013 - As part of Canada Border Services Agency ongoing project analysis, the ACI eManifest implementation timeline has been reviewed taking into account several factors. Based on the review, on November 1, 2012, an informed compliance period will begin during which carriers will not be turned around or issued zero-rated penalties for non-compliance but will be informed of the requirement to transmit advance highway and cargo and conveyance data. Throughout the informed compliance period, the CBSA will continue to assist clients in becoming ACI eManifest-compliant through communication, outreach, compliance monitoring and other support activities.

May 1, 2013 - when ACI eManifest-enabling regulations are expected to be in place, requirements will be mandatory and non-compliant carriers could be subject to penalties.

Pacific Customs Brokers Ltd. (Canada) is proud to offer full and partial (self) ACI eManifest filing services, suitable for your business needs. By completing the attached documentation, you are giving us a better understanding of your business, allowing us to offer you the best service and rates available.

By choosing Pacific Customs Brokers for your ACI eManifest filing services, you will be able to utilize our 24/7 operation, live reception and our designated eManifest Centre. In addition, our eManifest system features a record keeping functionality that will help keep you compliant with the record keeping requirements set by the CBSA for commercial carriers.

A full account setup package is included and can be returned once completed via email to emanifest@borderpro.ca or fax to 888.259.4819. You may also call us at 855.542.6644.

We thank you for your business and we look forward to receiving your completed package.

Best regards,

Greg Timm
General Manager

10/09/12

ACCEPTABLE FORMS OF IDENTIFICATION

The following ID types are required by Canada Border Services Agency for entry into Canada.

- **Passport**
- **Trusted Traveler Card such as:**
 - NEXUS ID
 - FAST/EXPRES
- **Enhanced Driver's License**
 - Participating Provinces:
 - British Columbia
 - Manitoba
 - Ontario
 - Quebec
 - Participating States:
 - Washington
 - Michigan
 - New York
 - Vermont

**For passengers under the age of 16 a birth certificate will be accepted if the above are not available.

Company Information

Company Name: _____

Address: _____

City: _____

State/Province: _____

Postal Code/Zip Code: _____

Country: _____

Carrier Code: _____

SCAC: _____

Email Address: _____

Phone Number: _____

Fax Number: _____

After Hours Emergency Contact Name: _____

After Hours Emergency Contact Number: _____

Mailing Address (if different from above): _____

Are you an approved CSA carrier?: _____

How many trucks per week will be crossing?: _____

If you would like to receive electronic updates to your email address or phone number,
please list: _____

Driver Information (complete one sheet per driver if you wish to keep on file)

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: M F

Citizenship: _____

Full Address: _____

Contact Phone: _____

Travel Document Information (You are required to keep a minimum of one travel document on file, however, we have provided space for up to three different document types)

(a) Document Type: _____

Document Number: _____

Country and State of Issue: _____

(b) Document Type: _____

Document Number: _____

Country and State of Issue: _____

(c) Document Type: _____

Document Number: _____

Country and State of Issue: _____

Crew Information

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: M F

Citizenship: _____

Full Address: _____

Contact Phone: _____

Travel Document Information (You are required to keep a minimum of one travel document on file, however, we have provided space for up to 3 different document types)

(a) Document Type: _____

Document Number: _____

Country and State of Issue: _____

(b) Document Type: _____

Document Number: _____

Country and State of Issue: _____

(c) Document Type: _____

Document Number: _____

Passenger Information

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: M F

Citizenship: _____

Full Address: _____

Contact Phone: _____

Travel Document Information (You are required to keep a minimum of one travel document on file, however, we have provided space for up to three different document types)

(a) Document Type: _____

Document Number: _____

Country and State of Issue: _____

(b) Document Type: _____

Document Number: _____

Country and State of Issue: _____

(c) Document Type: _____

Document Number: _____

Conveyance Information (Please fill out one per vehicle)

Full Vehicle ID Number (VIN#): _____

License Plate Number: _____

License Plate State/Province: _____

License Plate Country: _____

Conveyance Description/Type: _____

Trailer Information (Please fill out one per trailer)

Equipment Description (ie.Trailer Type): _____

Equipment Number: _____

License Plate Number: _____

License Plate State/Province: _____

License Plate Country: _____

* OR ATTACH EQUIPMENT LIST

ADVANCED COMMERCIAL INFORMATION (ACI)
ELECTRONIC DATA INTERCHANGE (EDI)
CARGO SYSTEM APPLICATION FORM

SECTION I - APPLICANT INFORMATION

Company Profile - select type of business:

Marine		Rail	
Marine Bay Plan		eManifest Highway	X
Air			

Are you a Customs Self-Assessment (CSA) Carrier? (yes/no)		Will you be transmitting cargo reports containing CSA goods? (yes/no)	
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Date of the application	
Name of applicant (company)	
CBSA Issued Carrier Code (PARS)	
Address of company's head office City, province/ state, country Postal/ zip code	
Contact person and title	
Telephone number	
FAX number	
e-mail	
In which language would you like to be assisted?	English ___ French ___

Company Official's Name (printed)

Company Official's Signature

Canadian Business Office (if different from Head Office) :

Name of company	
Address City, province Postal code	
Contact person and title	
Telephone number	
FAX number	
e-mail	

SECTION II - COMMUNICATION METHOD INFORMATION

Name of service provider	CrimsonLogic (North America) Inc.
Method of communication	Direct Connect Customs Internet Gateway
Contact person	James May
Telephone number	(905) 763-6887
FAX number	(905) 763-2321
e-mail	Salesna@crimsonlogic.com

SECTION III - CONFIGURATION

Certificate number in production (if transmitting through Customs Internet Gateway)	2008178150700001
Sender identification (client defined, or transmission site if applicable [U99999V1])	U00495V1 (Primary Direct Connect) U00495N1(Secondary CIG)
Mailbox ID, if applicable	Suite 260
Which map version will you be using?	ANSI
Requested implementation date	

RELEASE NOTIFICATION SYSTEM (RNS) APPLICATION FORM

SECTION I - APPLICANT INFORMATION

Company Profile - select type of business:

Customs Broker		Sufferance Warehouse Operator	
Freight Forwarder		Carrier	X
Other:			

Date of the application	
Name of applicant (company)	
Company address City, province/ state, country Postal code	
Contact person and title	
Telephone number	
FAX number	
e-mail	
In which language would you like to be assisted?	English ___ French ___

Company Official's Name (printed)

Company Official's Signature

SECTION II - RNS OPTIONS

Check (one or more)	Option	Carrier Code	Office Number	Sub-Location Code
✓	Automatic RNS Profile # 1 (Goods released message)		ALL	ALL
	Automatic RNS Profile # 2 (optional)			
✓	Arrival Certification		ALL	N/A
✓	Status Query		ALL	N/A
✓	Automatic Status (PARS accepted message)		ALL	N/A

SECTION III - COMMUNICATION METHOD INFORMATION

Name of service provider	CrimsonLogic (North America) Inc.
Method of communication	Direct Connect
Contact person	James May
Telephone number	(905) 763-6887
FAX number	(905) 763-2321
e-mail	northamerica@crimsonlogic.com

SECTION IV - CONFIGURATION

Certificate number in production (if transmitting through Customs Internet Gateway)	2008178150700001
Sender identification (client defined, or transmission site if applicable [U99999V1])	U00495V1 (Direct Connect) UNB : _____ (CrimsonLogic will assign) UNG : U00495V1
Mailbox ID (CrimsonLogic will assign)	
Which map version will you be using?	96A
Requested implementation date	

DISCLAIMER AND WAIVER OF RESPONSIBILITY

Every effort has been made to ensure that the information provided through the eManifest is accurate. Use of Pacific Customs Brokers Ltd. services to prepare or submit an electronic manifest is entirely at the risk of the client. Pacific Customs Brokers Ltd. shall not be liable, directly or indirectly, to the customer or any other third party for any damage, penalties, fines, delays or refused entry resulting from the creation or use of the eManifest for any reason, including mistakes and clerical errors.

Pacific Customs Brokers Ltd. and its employees or agents assume no responsibility for and give no guarantees or warranties concerning the accuracy, completeness or up-to-date nature of the information entered into the eManifest or submitted on the customer's behalf.

Name: _____

Title: _____ *(to be signed by a corporate officer)*

Signature: _____

Date: _____

ACI EMANIFEST REQUEST SHEET – INTO CANADA

Page 1 of

Please print clearly to ensure that numerals and letters are decipherable.

Carrier Name		Carrier Code
ETA - Date (Month / Day / Year)	Time (AM / PM)	First Port of Entry
Sub Location (Specify a bonded warehouse for in-bond shipments. Also may be required to allow failed PARS to go in bond).		
Trip Number (leave blank if we are to generate the trip number for you)	Send Lead Sheet to Fax	Send Lead Sheet to Email
* Driver First & Last Name	Mobile #	Emergency Contact
* Crew First & Last Name	* Date Of Birth	* Citizenship
* Passenger First & Last Name	* Date Of Birth	* Citizenship
Conveyance Unit Number	Conveyance License Plate Number	Province/State/Country
Trailer Unit Number	Trailer License Plate Number	Province/State/Country
Trailer #2 Unit Number	Trailer #2 License Plate Number	Province/State/Country
Is PCB / ABC The Customs Broker For Any Shipments On This Load?	Number Of Shipments On Conveyance	Are You Empty?

* CBSA will not require collection and transmission of this data until 2014. If you wish to provide it for record keeping purposes, we will transmit it.

** ATTENTION CARRIER – IMPORTANT INSTRUCTIONS **

Without this information, WE CANNOT PROCESS YOUR ACI eMANIFEST:

- ▶ Please include a copy of all bills of lading and Commercial/Canada Customs Invoice(s) for the shipment.
- ▶ The documents must have shipper's name and address, consignees name and address, complete description(s), quantities, and weight.
- ▶ All documents must be legible
- ▶ Please complete and return to the above contact information.

NOTE: IF PACIFIC CUSTOMS BROKERS IS NOT THE CUSTOMS BROKER FOR A SHIPMENT, YOU MUST ALSO FAX THE PARS TO THE IMPORTER'S ASSIGNED CUSTOMS BROKER.



BLANKET CREDIT CARD AUTHORIZATION

CREDIT CARD INFORMATION				
<input type="radio"/> <input type="radio"/>		Cardholder's Name (as appears on the card)		Company Name (if applicable)
Billing Address As Shown On Credit Card Statement			Position/Title	
City	Province / State	Postal / Zip Code		Country
Card Number		Expiry Date (mm/yy)	3 Digit Card Verification Code (CVC)	

A 3% Import Disbursement fee will apply (minimum \$5) against Duty and Taxes only.

Complete terms are available at <http://www.pcb.ca/ImportantLegalTerms> or by request. All quotations are subject to change without notice due to changes in the weight or size of a shipment or work performed. Where incorrect fees are quoted, the vendor will automatically charge your Credit Card with the correct amount. Declined transactions may be subject to an additional handling fee.

AUTHORIZATION				
Signature		Print Full Name		
Title (if applicable)	In the Province/State of	this	day of	20
Please Return To				
Email Address	Phone Number		Fax Number	

I hereby authorize Pacific Customs Brokers Ltd., Pacific Customs Brokers Inc., and/or PCB Highway Sufferance Warehouse (A Division of P.C.B. Properties Ltd.) to charge my credit card for services rendered and taxes, duties, an/or fees paid on my behalf. I agree that I will pay for these charges and I understand that my signature on this form will serve as an authorized signature on the credit card slip. This authorization will remain in force until I revoke this authorization in writing.



Mailing Address
#101 - 17637 1st Avenue
Surrey British Columbia
Canada V3S 9S1

Local Phone: 604.538.1566
Local Fax: 604.531.3120
Toll-Free Phone: 1.888.538.1566
Email: office@pacificgroup.net



CREDIT APPLICATION AND AGREEMENT

Please email completed form to creditapp@pacificgroup.net or fax it to 604.531.3120

Mailing Address
#101 - 17637 1st Avenue
Surrey British Columbia
Canada V3S 9S1

Local Phone: 604.538.1566
Local Fax: 604.531.3120
Toll-Free Phone: 1.888.538.1566
Email: office@pacificgroup.net

CREDIT AMOUNTS REQUESTED

Pacific Customs Brokers Ltd. <i>International Trade Solutions</i>	Pacific Customs Brokers Inc. <i>International Trade Solutions</i>	PCB Highway Sufferance Warehouse
Net 15 Days \$	Net 15 Days \$	Net 30 Days \$

BASIC INFORMATION

Legal Company Name		Doing Business As		Year Established
Business Address			Business Type	<input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Proprietorship <input type="radio"/> Corporation
City	Province / State	Postal / Zip Code	Country	
Mailing Address (if different)				
City	Province / State	Postal / Zip Code	Country	
Telephone Number	Fax Number	Type of Business / Industry	Website	
Company Incorporation #	IRS / SS #	Canadian Business GST#/HST#	US Customs Bond #	

BANK INFORMATION

Bank Name		Address		City	
Province / State	Postal / Zip Code	Country	Telephone	Fax	
Contact Name			Contact Email		

The undersigned, representing the application (the "Company") has provided the foregoing information, intended to be true and correct for the purpose of obtaining credit from the "Lender", as defined in the terms and conditions found at <http://www.pcb.ca/ImportantLegalTerms>. The Company waives its rights under all provincial and/or federal privacy laws and hereby authorizes and requests each bank or trade reference listed herein to advise and freely express an opinion of its credit experience with the Company. The Company agrees that this form may be disclosed to those references. If credit is granted to the Company, by its authorized signatories, the Company agrees to be bound by and acknowledges having received a copy of all of the general terms and conditions of the Credit Agreement and Guarantee on or before the date of this application as contained on <http://www.pcb.ca/ImportantLegalTerms> or available upon request.

I/We in consideration of the Company receiving credit of which I/we am/are an Officer, Director or Authorized Signatory of the Company do hereby personally guarantee payment of all accounts of the Company. This is a continuing and irrevocable Guarantee and shall not be affected by any extensions of time for payment or other arrangements you make with the Company but shall be discharged by payments in full of all the Company's accounts. I/we hereby grant the Lender a security interest in all of my/our present and after acquired personal property, including the proceeds thereof, and by executing this instrument, acknowledges receipt of the within security agreement and hereby waives receipt of a financing statement pursuant to the Personal Property Security Act statute of British Columbia or other similar applicable provincial, state or federal legislation.

Interest of 24% per annum, 1.808% compounded monthly, will be charged on all overdue accounts. Amounts causing the credit limit to be exceeded are payable in advance. Complete terms are available at <http://www.pcb.ca/ImportantLegalTerms> or by request.

AUTHORIZATION

DATE AND SIGN HERE:	Dated on this	day of	20
	Authorized Signature		Authorized Signature
Print Name and Title (Director / Officer / Owner)		Print Name and Title (Director / Officer / Co-owner)	

ACCOUNT INFORMATION (if a corporation, attach notice of articles or annual return)

Owners, Partners, Officers, Directors

Additional Owners / Partners

Name of highest-level parent company

Incorporation number of parent or subsidiary

Create a credit account
for parent / subsidiary: Yes
 No

Invoices to be billed in:

 CAD
 USD

How did you hear about us?

Mode of Transport:

 Air
 Ocean
 Truck
 Other

If other, please specify:

Anticipated number of monthly shipments?

Current Canadian Customs Broker

Current USA Customs Broker

CONTACT INFORMATION

Customs Contact Name

Email

Telephone

Accounts Payable Name

Email

Telephone

TRADE REFERENCE 1

(Please provide information for three vendors with whom you do business, if requested separate forms will be provided)

Company Name

Address

City

Province / State

Postal / Zip Code

Country

Telephone

Fax

Contact Name

Contact Email

TRADE REFERENCE 2

Company Name

Address

City

Province / State

Postal / Zip Code

Country

Telephone

Fax

Contact Name

Contact Email

TRADE REFERENCE 3

Company Name

Address

City

Province / State

Postal / Zip Code

Country

Telephone

Fax

Contact Name

Contact Email

**Mailing Address**#101 - 17637 1st Avenue
Surrey British Columbia
Canada V3S 9S1**Local Phone:** 604.538.1566**Local Fax:** 604.531.3120**Toll-Free Phone:** 1.888.538.1566**Email:** office@pacificgroup.net