

## **e-MANIFEST SETUP PACKAGE**

U.S. Customs and Border Protection (CBP) published a *Federal Register* notice detailing the land border ports that will require truck carriers to use the Automated Commercial Environment (ACE) to transmit advance electronic cargo information (e-Manifest). Effective January 25, 2007, the filing of e-Manifest became mandatory at all U.S. ports of entry.

Electronic Manifests must be received by Customs one hour prior to arrival at the border for non food related items, and two hours prior to arrival for food items regulated by the U.S. Food & Drug Administration (FDA).

Carriers may file e-Manifests with CBP through the web-based ACE Secure Data Portal, via a CBP approved electronic data interchange (EDI), or through a third party who may submit the electronic manifest information to CBP on their behalf via EDI or the web portal.

Pacific Customs Brokers Inc. (USA) has made available a software application for submitting your ACE electronic truck manifest. In order to participate, you will need to provide us with a letter of intent and information on your conveyances and consignees.

Pacific Customs Brokers Inc. is proud to offer full and partial (self) e-Manifest 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 Inc. for your e-Manifest filing services, you will be able to utilize our live reception team, ALWAYS open operation and our designated Carrier Help Desk. In addition, our e-Manifest system features a record keeping functionality that will help keep you compliant with the record keeping requirements set by CBP for commercial carriers.

A full account setup packet is included and can be returned once completed via email to [e-Manifest@pcbusa.com](mailto:e-Manifest@pcbusa.com) or faxed to 360.332.1506. You may also call us at 888-538-1566. Pacific Customs Brokers thanks you for your business. A member of our team will contact you shortly.

### **ACCEPTABLE FORMS OF IDENTIFICATION**

The following ID types are required by U.S. Customs & Border Protection for entry into the United States.

- **Passport**
- **Passport Card**
- **Trusted Traveler Card such as:**
  - NEXUS ID
  - SENTRI ID
  - FAST ID
- **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: \_\_\_\_\_

Company Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

SCAC Code: \_\_\_\_\_ (appears at the beginning of your old PAPS stickers)

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 FAST 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 them here: \_\_\_\_\_

***Personal Information of Driver***

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 1 travel document on file)

Driver's License Number: \_\_\_\_\_

Country and State of Issue: \_\_\_\_\_

Is this an Enhanced ID?:   YES     NO

\*If NO a second ID is required.

\*Second Document Type: \_\_\_\_\_

Document Reference ID: \_\_\_\_\_

Country and State of Issue: \_\_\_\_\_

\*See "Acceptable ID List" for the forms of ID required by U.S. Customs and Border Protection.

***Personal Information of Crew***

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 1 travel document on file)

Driver's License Number: \_\_\_\_\_

Country and State of Issue: \_\_\_\_\_

Is this an Enhanced ID?:   YES     NO

\*If NO a second ID is required.

\*Second Document Type: \_\_\_\_\_

Document Reference ID: \_\_\_\_\_

Country and State of Issue: \_\_\_\_\_

\*See "Acceptable ID List" for the forms of ID required by U.S. Customs and Border Protection.

***Personal Information of Passenger***

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 1 travel document on file)

Driver's License Number: \_\_\_\_\_

Country and State of Issue: \_\_\_\_\_

Is this an Enhanced ID?:   YES     NO

\*If NO a second ID is required.

\*Second Document Type: \_\_\_\_\_

Document Reference ID: \_\_\_\_\_

Country and State of Issue: \_\_\_\_\_

**\*See "Acceptable ID List" for the forms of ID required by U.S. Customs and Border Protection.**

**Tractor Information** (Please fill out one per vehicle)

Full Vehicle ID Number (VIN#): \_\_\_\_\_

License Plate Number: \_\_\_\_\_

License Plate State/Province: \_\_\_\_\_

License Plate Country: \_\_\_\_\_

Vehicle Description/Type of Truck: \_\_\_\_\_

DOT Number (optional): \_\_\_\_\_

We will need additional information if a shipment is picked up in Canada but is to be bonded into the United States.

**Trailer Information** (Please fill out one per trailer)

Equipment Description/Type of Trailer: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

License Plate State/Province: \_\_\_\_\_

License Plate Country: \_\_\_\_\_

**e-Manifest Application Form**

Please forward completed application form to:

Pacific Customs Brokers Inc.  
P.O. Box 4505  
Blaine, WA  
98231-4505  
Email: [e-Manifest@pcbusa.com](mailto:e-Manifest@pcbusa.com)  
Fax: 877.532.3253 or 360.322.1506

**SECTION I: APPLICANT IDENTIFICATION**

Date of Application: \_\_\_\_\_ SCAC Code: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Head Office Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal/ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Fax/Telex: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

United States Office (if different from Head Office): \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal/ZIP Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax/Telex: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

***Disclaimer and waiver of responsibility***

Every effort has been made to ensure that the information provided through the e-Manifest is accurate. Use of Pacific Customs Brokers Inc. services to prepare or submit an electronic manifest is entirely at the risk of the client. Pacific Customs Brokers Inc. 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 e-Manifest for any reason, including mistakes and clerical errors.

Pacific Customs Brokers Inc. 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 e-Manifest or submitted on the customer's behalf.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ (to be signed by a corporate officer)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# 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., Pacific Overseas Forwarding 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](mailto:office@pacificgroup.net)

## eManifest Request Sheet

Name of Carrier: \_\_\_\_\_ SCAC Code: \_\_\_\_\_

Anticipated Date of Arrival: \_\_\_\_\_

Anticipated Time of Arrival: \_\_\_\_\_

Port of Crossing: Blaine (Pac Hwy) / Sumas / Other: \_\_\_\_\_

Full Name of Driver: \_\_\_\_\_

Driver Contact Phone Number: \_\_\_\_\_

Driver Fax Number: \_\_\_\_\_

Full Name (s) of Crew (if applicable): \_\_\_\_\_

Full Name (s) of Passengers (if applicable): \_\_\_\_\_

Truck License Plate Number: \_\_\_\_\_

Trailer License Plate Number (s) (if applicable): \_\_\_\_\_

*\*\* If listed differently on the Invoice and/or Bill of Lading\*\**

Address of Pick Up: \_\_\_\_\_

Address of Delivery: \_\_\_\_\_

\*Please attach a copy of the waybill and invoice with all of the shipment control numbers (SCN) and piece counts (smallest exterior packaging), description of goods, and weights for each type. If any information requested on this sheet is not on the invoice or waybill, please include here. If we do not have the driver, crew and passenger or vehicle information on file, we will require a completed information sheet.