



Toll-Free Ph: 855.542.6644
Toll-Free Fx: 888.259.4819

Website: www.borderpro.ca
Email: emanifest@borderpro.ca

ACI eMANIFEST SETUP PACKAGE - ENTERING INTO CANADA

Dear Sir/Madam:

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
President

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



ELECTRONIC DATA INTERCHANGE (EDI) APPLICATION FOR ADVANCE COMMERCIAL INFORMATION (ACI)



New



Update

Date (yyyy/mm/dd)

Section 1 - ACI EDI Application

Select one line of business that applies to this ACI EDI application.



Highway Carrier



Air Carrier



Marine Carrier



Rail Carrier



Freight Forwarder



Warehouse Operator



Account
Security
Holder

Section 2 - Company Profile

Legal Company Name		Operating/Trade Name		
CBSA Issued client identifier (Associated to the line of business selected.)				
Are you an approved Customs self-assessment (CSA) carrier or importer?		Yes		No
Will you be transmitting customs information for CSA goods?		Yes		No
Head Office Address				
Street	City	Province/State Code	Country Code	Postal/Zip Code
Business Office Address				
Street	City	Province/State Code	Country Code	Postal/Zip Code

Contact Information

Last Name	First Name	Title
eMail	Telephone:	Fax:
Language Preference	<input checked="" type="checkbox"/> English	<input type="checkbox"/> French

Emergency After Hours Contact Information (the name of the person who can trouble shoot system issues)

Last Name	First Name	Title
MacMillan	Neil	Operations Manager
eMail	Telephone:	Fax:
admin@borderconnect.com	519-967-9072	866-964-1717
Language Preference	<input checked="" type="checkbox"/> English	<input type="checkbox"/> French

Section 3 - Authorize an Agent

Complete this section if you have contracted the services of an Agent to act on your behalf. Please note that the obligation to provide information required by the Customs Act and any related regulation to the CBSA is the sole responsibility of the client regardless of whether an agent is used. It is your responsibility to advise the CBSA should/when you wish to cancel authorization for this agent.

Legal Company Name	Operating/Trade Name	CBSA identifier of the Agent (if applicable)		
Pacific Customs Brokers Ltd.				
Contact Information				
Last Name	First Name	Title		
eMail	Telephone:	Fax:		
carrierhelpdesk@pcb.ca	855-542-6644	888-259-4819		
Do you authorize this agent to process customs information electronically for the CBSA on your behalf?		<input checked="" type="checkbox"/> Yes		No
Do you authorize the CBSA to release to this agent, customs information transacted on your behalf by this agent?*		<input checked="" type="checkbox"/> Yes		No
Language Preference	<input checked="" type="checkbox"/> English	<input type="checkbox"/> French		

*Customs information released to the Agent or Service Provider will include any information related to the EDI client profile, electronic information transmitted or processed by the Agent or Service Provider and pre-arrival information required by the CBSA during monitoring or audit.



Section 4 - Authorize a Service Provider

Complete this section if you have contracted the services of a service provider to set up your EDI client profile and/or transmit customs information electronically to the CBSA. Please note that the obligation to provide information required by the Customs Act and any related regulation to the CBSA is the sole responsibility of the carrier regardless of whether a service provider is used. It is your responsibility to advise the CBSA should/when you wish to cancel authorization for this service provider. A service provider may be any party that you contract to transmit electronic documents and/or receive messages from the CBSA. A service provider is not an Agent in that they are simply providing a mechanism for which you may transact electronic commerce with the CBSA. Note: It is your responsibility to ensure that your Section 12, Report of Goods is obtained for your own books and records.

Legal Company Name	Operating/Trade Name
Border Connect Inc	BorderConnect

Contact Information

Last Name	First Name	Title
MacMillan	Neil	Operations Manager
eMail	Telephone:	Fax:
admin@borderconnect.com	519-967-9072	866-964-1717

Do you authorize this service provider to process customs information electronically for the CBSA on your behalf?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you authorize the CBSA to release to this service provider customs information transmitted on your behalf by this service provider?*	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Language Preference	<input checked="" type="checkbox"/> English	<input type="checkbox"/> French
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*Customs information released to the Agent or Service Provider will include any information related to the EDI client profile, electronic information transmitted or processed by the Agent or Service Provider and pre-arrival information required by the CBSA during monitoring or audit.

Section 5 - Software

Will you be using your own software to create electronic customs information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Name of Software Provider	Border Connect Inc
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Section 5a - Communications Protocol Method

Identify the communication protocol method that you intend to use or that the authorized agent and/or service provider is to use. You may select one or more communication protocol methods to transmit customs information to the CBSA. Complete the following for each communication method that will be utilized.

More information on the approved communication methods may be found at www.cbsa-asfc.gc.ca/eservices/comm-eng.html.

Section 5b - Customs Internet Gateway

Will you be using the Customs Internet Gateway?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Sender Identification (Client defined application sender ID as per the GS or UNG segment)	Certificate Number in Production 2008 1921 0000 0001	Certificate Number in Testing 2008 0721 5100 0001
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Mailbox ID (Partner ID, the ISA or UNB segment)	BCCIG02	EDI map version	<input checked="" type="checkbox"/> EDIFACT	<input type="checkbox"/> ANSI
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Section 5c - Direct Connect or Value Added Network

Will you be using a Direct Connect or Value Added Network?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Name of Direct Connect or Value Added Network	Sender Identification (Client defined application sender ID as per the GS or UNG segment)

Mailbox ID (Partner ID, the ISA or UNB segment)	EDI map version	<input type="checkbox"/> EDIFACT	<input type="checkbox"/> ANSI
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Section 6 - EDI Messages (must select one)

Please select from the list below, the EDI message(s) that you wish to add to your EDI client profile. You must select at least one of the message listed below

Name of Message	Line of Business the Message Applies to
<input checked="" type="checkbox"/> Cargo and conveyance documents	Carriers (marine, highway, rail, air)
<input type="checkbox"/> House bill document	Freight Forwarders
<input type="checkbox"/> Supplementary documents	Carriers (marine, air), Freight Forwarders
<input type="checkbox"/> Arrival document	Carriers (marine, air, rail), Warehouse operators
<input type="checkbox"/> Bay plan document	Carriers (marine)

Section 6a Document Notices (Check all the notices you would like to receive. Please note an acknowledgment will be sent automatically once CBSA receives your inbound document).

See chart in instruction below to know which notices are available.

Name of Notices	Primary Notify Party	Automated Notify Party	Secondary Notify Party
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	(PNP)	(ANP)	(SNP)
All Notices (select this box if you wish to receive all notices available)	ALL		N/A
Completeness Notices Matched/Not Matched/Cargo Complete/Document Package Complete	X	N/A	N/A
Disposition Notices			N/A
Reported	X		N/A
Arrived	X		N/A
Deconsolidation	X		N/A
Document Not on File	X		N/A
Authorized to Deliver	X		N/A
Released	X		N/A
Held for CBSA (Basic)	X		N/A
Manifest Forward Notice (This notice is received as a Secondary Notify Party and is currently only available on the House bill)	N/A		

Section 6b Profile: Please enter your Partner alias(es) as well as identify the document alias type for each.

Sender / Receiver ID (ISA/GS or UNB/UNG): BCCIG02		Format	
		GOV13A	ANSI7010
Return to Sender Mailbox ID	BCCIG02	X	
Alternate Mailbox ID			
Alternate Mailbox ID			
Alternate Mailbox ID			

Section 7 – Remove a Company Contact

Last Name	First Name	eMail

Section 8 – Remove an Agent

Complete this section if you wish to cancel authorization for this agent.

Legal Company Name	Operating/Trade Name	CBSA identifier of the Agent (if applicable)

Section 9 – Remove a Service Provider

Complete this section if you wish to cancel authorization for this service provider.

Legal Company Name	Operating/Trade Name

Section 10 - Certification

This form must be signed by an authorized person of the business such as an owner, a partner of a partnership, or a director of a corporation. By signing and dating this form, you authorize the CBSA to deal with the individual(s), or firm(s) listed in Sections 3 and/or 4 of this form.

Language Preference	Telephone	Fax	eMail
<input type="checkbox"/> English <input type="checkbox"/> French			
Authorized Person's Name	Title		
Signature	Date (YYYY/MM/DD)		

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

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.