



**ACE eManifest Cover Sheet: Multiple Shipments**

(All fields must be completed for accurate filing)

Carrier Name: \_\_\_\_\_ Trip Number: \_\_\_\_\_

US Port of Entry: \_\_\_\_\_ Date/Time of Arrival: \_\_\_\_\_

Carrier Contact Name: \_\_\_\_\_ Carrier Phone #: \_\_\_\_\_

(Please list someone BCB can contact with any questions or issues regarding your shipment)

Return Manifest to (email address): \_\_\_\_\_

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

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

Text Entry Number to Driver? Yes \_\_\_\_\_ No \_\_\_\_\_ Driver Cell Phone #: \_\_\_\_\_

Driver Cell Phone Provider: \_\_\_\_\_

Truck License Plate & State: \_\_\_\_\_

Trailer License Plate & State: \_\_\_\_\_

**Shipment Control Number (SCN) & lowest external packaging:**

SCN: \_\_\_\_\_ PC Count/Weight: \_\_\_\_\_

SCN: \_\_\_\_\_ PC Count/Weight: \_\_\_\_\_

SCN: \_\_\_\_\_ PC Count/Weight: \_\_\_\_\_

SCN: \_\_\_\_\_ PC Count/Weight: \_\_\_\_\_

SCN: \_\_\_\_\_ PC Count/Weight: \_\_\_\_\_

SCN: \_\_\_\_\_ PC Count/Weight: \_\_\_\_\_

SCN: \_\_\_\_\_ PC Count/Weight: \_\_\_\_\_

Total Number of Shipments: \_\_\_\_\_ Number of pages including the cover sheet: \_\_\_\_\_

All documents should be emailed to [paps@bcb1.com](mailto:paps@bcb1.com) or fax to 716-884-5703.

Any questions please call 716-884-1554.

Visit us at [www.bcbinternational.com](http://www.bcbinternational.com)