



ACE eManifest Cover Sheet: Single Shipment
(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): _____

PC Count (lowest external packaging): _____

Do you require an Empty Return ACI Manifest? Yes _____ No _____

Canadian Port of Crossing for Empty Return to Canada: _____

Number of pages including the cover sheet: _____

All documents should be emailed to paps@bcb1.com or fax to 716-884-5703.

Any questions please call 716-884-1554.

Visit us at www.bcbinternational.com