



FAX TO → 1 888 993 9627

ACI ELECTRONIC MANIFEST REQUEST FORM.....PAGE 1 OF 1

USE THIS FORM FOR ENTRY INTO CANADA

PHONE SUPPORT: 1 888 993 9626

COMPANY NAME CARRIER CODE

SUBMITTED BY TEL

ARRIVAL DATE / TIME : PORT OF ARRIVAL
MM DD HH:MM (24:00 HRS) DO NOT ENTER US PORTS

TOTAL NUMBER OF SHIPMENTS WITH THIS TRIP (MAKE COPIES OF THIS PAGE FOR EXTRA SHIPMENTS)

SEND LEAD SHEET TO
PROVIDE A FAX NUMBER OR EMAIL ADDRESS FOR THE LEAD SHEET IF APPLICABLE

SEND STATUS UPDATES TO FAX SMS
PROVIDE A CELL PHONE NUMBER, FAX NUMBER OR EMAIL ADDRESS FOR STATUS UPDATES

SEND COPY TO
PROVIDE A FAX NUMBER OR EMAIL ADDRESS FOR A BROKER OR OTHER PARTY

TRIP NUMBER SELECT FOR EMPTY TRIP

SHIPMENT CONTROL NUMBER
PROVIDE THE PAPS NUMBER FOR PAPS SHIPMENTS

SHIPPER NAME

STREET.....

CITY STATE ZIP CODE

CONSIGNEE NAME

STREET

CITY PROVINCE POSTAL CODE

CARGO DESCRIPTION

QUANTITY UNIT OF MEASURE WEIGHT LBS KGS
BOX CARTON PACKAGE

UN HAZARDOUS MATERIALS CODES
IF APPLICABLE

HAZARDOUS MATERIALS CONTACT PHONE OR EMAIL
IF APPLICABLE

TRUCK LICENCE PLATE PROV/STATE

TRAILER LICENSE PLATE PROV/STATE