



ACE eManifest Cover Sheet: Multiple Shipments

(All fields must be completed for accurate filing)

Please file an eManifest with U.S. Customs on behalf of the carrier listed below

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 or fax to 716-884-5703.

Any questions please call 716-884-1554.

Visit us at www.bcbinternational.com