



ACE *eManifest* Cover Sheet: MULTIPLE Shipment

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

Carrier Name: _____ Trip Number: _____

Port of Entry: _____ Date/ Time of Arrival: _____

Carrier Contact: _____ Carrier Phone Number: _____
(Please list someone BCB can contact with any questions regarding your shipment)

Please return manifest to (email address): _____

Driver's Name: _____

Passenger Name: _____

Truck License Plate Number & State: _____

Trailer Plate Number & State (if applicable): _____

SHIPMENT CONTROL NUMBERS/Number of Pieces (Lowest external packaging, eg. cartons, boxes)

SCN: _____ PC Count: _____

SCN: _____ PC Count: _____

SCN: _____ PC Count: _____

SCN: _____ PC Count: _____

SCN: _____ PC Count: _____

Number of pages including cover sheet: _____

All documents should be emailed to paps@bcbinternational.com or faxed to BCB International, Inc. at 716-884-5703. Any questions please call 716-884-1554.

