

ACE eManifest Cover Sheet: SINGLE Shipment (HAZMAT manifest) 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 a	ny questions regarding your shipment)
Please return manifest to (email address): _	
Driver's Name:	
Trailer Plate Number & State (if applicable)):
HAZMAT Manifest information:	
UNDG Code:	
Insurance Company:	
Insurance Policy Number:	
Insurance Policy Date:	Insurance Policy Coverage Amount:
HAZMAT Contact Name and Phone #:	
SHIPMENT CONTROL NUMBER/Numboxes)	mber of Pieces (Lowest external packaging, eg. cartons,
SCN:	PC Count:
	All documents should be emailed to ational, Inc. at716-884-5703. Any questions please call