



Advanced Border Processing Centre

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ACE MANIFEST TRIP INFORMATION SHEET

ETA: (Date/Time) \_\_\_\_\_

# OF PAGES: \_\_\_\_\_ BROKER: \_\_\_\_\_

PORT OF ENTRY: [ ] DETROIT [ ] PORT HURON [ ] BUFFALO [ ] OTHER: \_\_\_\_\_

CARRIER NAME & SCAC: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TRACTOR #: \_\_\_\_\_ VIN #: \_\_\_\_\_ (16 Digits) DOT #: \_\_\_\_\_

YEAR/MAKE/MODEL: \_\_\_\_\_ LICENSE # & STATE: \_\_\_\_\_

TRACTOR TYPE: [ ] SEMI [ ] FLATBED [ ] OTHER: \_\_\_\_\_

DRIVER NAME: \_\_\_\_\_ DOB: (D/M/Y) \_\_\_\_\_

ADDRESS: \_\_\_\_\_
City, State/Province & Postal Code

FAST CARD #: \_\_\_\_\_ DRIVER CONTACT #: \_\_\_\_\_

MUST PROVIDE (2) PIECES OF IDENTIFICATION IF DRIVER DOES NOT HAVE A FAST CARD

#1: DRIVER'S LICENCE #: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_

#2: PASSPORT #: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_

TRAILER #: \_\_\_\_\_ LICENCE PLATE #: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ SEAL #: \_\_\_\_\_

TYPE: [ ] SEMI [ ] FLATBED [ ] REFER [ ] OTHER: \_\_\_\_\_

CREW/PASSENGER: \_\_\_\_\_ DOB: (D/M/Y) \_\_\_\_\_

ADDRESS: \_\_\_\_\_
City, State/Province & Postal Code

FAST CARD #: \_\_\_\_\_

MUST PROVIDE (2) PIECES OF IDENTIFICATION IF DRIVER DOES NOT HAVE A FAST CARD

#1: DRIVER'S LICENCE #: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_

#2: PASSPORT #: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_

FAX THIS SHEET ALONG WITH YOUR SUPPORTING DOCUMENTS TO (519) 969-5430 OR 519-680-6998