

Trip Number: \_\_\_\_\_ Port of Crossing: \_\_\_\_\_

Date of Crossing: \_\_\_\_\_ Time: \_\_\_\_\_

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**CREW** (Two forms of ID required):*Please provide Type of ID, Ref#, issuer state and County, passport, drivers license, fast ID.*

Drivers Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Citizenship: \_\_\_\_\_

ID#1: Type: \_\_\_\_\_ Ref #: \_\_\_\_\_ State/Country: \_\_\_\_\_

ID#2: Type: \_\_\_\_\_ Ref #: \_\_\_\_\_ State/Country: \_\_\_\_\_

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**TRUCK INFORMATION:**

Conveyance Type: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

VIN#: \_\_\_\_\_ DOT#: \_\_\_\_\_

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**EQUIPMENT INFORMATION** (Flatbed, Semi Truck trailer, Hopper, etc):

Type: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

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**CARRIER INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SCAC Code: \_\_\_\_\_

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**SHIPMENT INFORMATION:***For each shipment we need to know the Shippers name and address, Consignees name and address, Commodity, weight and pcs count. It is best to have a copy of the commercial invoice attached.*

Shipper: \_\_\_\_\_ Consignee: \_\_\_\_\_

PAPS #: \_\_\_\_\_ Commodity: \_\_\_\_\_

Weight: \_\_\_\_\_ Pcs Count: \_\_\_\_\_

Telephone number in case we need more information: \_\_\_\_\_

Fax number where you would like the eManifest sent to: \_\_\_\_\_

**If you have another crew members or passengers in your truck we will need to know their information as well.**