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Hours of Operation
 M - F: 7am-12am
 Sat: 10am-6pm
 Sun: 10am-6pm
 Please call for holiday hours

ACE MANIFEST TRIP INFORMATION SHEET

CARRIER NAME/SCAC: _____
 PAPS NUMBER: _____
 CUSTOMS BROKER: _____
 NUMBER OF PAGES: _____

PORT OF CROSSING: DETROIT BUFFALO PORT HURON ETA: _____
 OTHER (PLEASE SPECIFY) _____

TRACTOR INFORMATION: ** TRACTOR # ONLY, IF IN OUR SYSTEM **

UNIT #: _____ VIN #: _____
 MAKE / MODEL / YEAR: _____ PLATE # / STATE: _____

DRIVER INFORMATION: ** PROVIDE NAME ONLY IF IN OUR SYSTEM **

FAST CARD: _____ DATE OF BIRTH: (M/D/Y) _____
NAME: _____ CITIZENSHIP COUNTRY: _____
 ADDRESS: _____
 CITY / STATE / POSTAL: _____

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

#1: DRIVER'S LICENCE #: _____ STATE / PROV: _____
 Enhanced Commercial
 #2: PASSPORT #: _____ STATE / PROV: _____
 #3: OTHER (SPECIFY) _____ STATE / PROV: _____
 Return Email/Fax: _____ Phone Number: _____

TRAILER INFORMATION:

UNIT #: _____ PLATE / STATE: _____ SEAL #: _____

CREW/PASSENGER:

FAST CARD: _____ DATE OF BIRTH: (M/D/Y) _____
NAME: _____ CITIZENSHIP COUNTRY: _____
 ADDRESS: _____
 CITY / STATE / POSTAL: _____

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

#1: DRIVER'S LICENCE #: _____ STATE / PROV: _____
 Enhanced Commercial
 #2: PASSPORT #: _____ STATE / PROV: _____
 #3: OTHER (SPECIFY): _____ STATE / PROV: _____