

# ACE TRUCK Electronic Manifest Questionnaire



SCAC Code: \_\_\_\_\_ Company Name: \_\_\_\_\_

Company's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Company's Phone: \_\_\_\_\_ Company's Fax: \_\_\_\_\_ Company's Web: \_\_\_\_\_

Company's DOT #: \_\_\_\_\_ Company's Insurance Co. Name: \_\_\_\_\_

Company's Insurance policy #: \_\_\_\_\_ Company's Liability amount: \$ \_\_\_\_\_

Company's Insurance date range of coverage: From: \_\_\_\_\_ To: \_\_\_\_\_

## Primary or Responsible Drivers Name

First: X \_\_\_\_\_ Middle: X \_\_\_\_\_ Last: X \_\_\_\_\_

Drivers address: X \_\_\_\_\_ City: X \_\_\_\_\_ State: X \_\_\_\_\_ Postal: X \_\_\_\_\_ Country: \_\_\_\_\_

Drivers Birth date: X \_\_\_\_\_ Birth Place: X \_\_\_\_\_ Nationality: \_\_\_\_\_ (i.e. US, Canadian, Italy etc.)

Drivers Passport #: X \_\_\_\_\_ State Issued: \_\_\_\_\_ Country Issued: \_\_\_\_\_

Drivers Commercial License #: X \_\_\_\_\_ State Issued: \_\_\_\_\_ Country Issued: \_\_\_\_\_

Drivers National / Local License #: X \_\_\_\_\_ State Issued: \_\_\_\_\_ Country Issued: \_\_\_\_\_

Drivers Work Phone: \_\_\_\_\_ Drivers Home Phone: \_\_\_\_\_ Drivers Cell Phone: \_\_\_\_\_

Drivers e-mail address: \_\_\_\_\_ Drivers Fax #: \_\_\_\_\_

**\*\*\*\*\* If there is team drivers, or passengers, information for each soul on board is required\*\*\*\*\***

## Conveyance Equipment: Tractor – Truck information

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License plate #: \_\_\_\_\_ VIN#: \_\_\_\_\_

Country that the license is registered in: \_\_\_\_\_ Or State Province: \_\_\_\_\_

Conveyance Equipment Specific ACE ID#, if applicable: \_\_\_\_\_

Truck Type: Tractor [ ] Cargo Van [ ] Pick Up Truck [ ] Other [ ] Explain: \_\_\_\_\_

Specific Truck Number: \_\_\_\_\_ **CCB.LLC lists ALL trucks & Equipment by License numbers**

US Customs Transponder # if applicable: \_\_\_\_\_

## Conveyance Equipment: Trailer information

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License plate #: \_\_\_\_\_ Country license is registered in: \_\_\_\_\_ Or State/Province: \_\_\_\_\_

Trailer Type: Flat Deck [ ] Drop Deck [ ] Gooseneck [ ] Belly Dump [ ] Tanker [ ]

Container Van [ ] Refer Van [ ] OTHER [ ] Describe: \_\_\_\_\_

Width: \_\_\_\_\_ Height: \_\_\_\_\_ Length: \_\_\_\_\_ Specific Trailer #: \_\_\_\_\_

**CCB.LLC lists ALL trucks & Equipment by License numbers**

## Passengers or Crew Member Information

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Passengers address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Postal: \_\_\_\_\_

Country: \_\_\_\_\_

Passengers Birth date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passengers Passport #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Country

Issued: \_\_\_\_\_

Passengers Commercial License#: \_\_\_\_\_ State Issued: \_\_\_\_\_ Country

Issued: \_\_\_\_\_

Passengers / Local License#: \_\_\_\_\_ State Issued: \_\_\_\_\_ Country

Issued: \_\_\_\_\_

Passengers Work Phone: \_\_\_\_\_ Passengers Home Phone: \_\_\_\_\_

Passengers Cell Phone: \_\_\_\_\_ Passengers e-mail address: \_\_\_\_\_