

Step 1: Complete *trip form* and fax or e-mail it to GLS for processing

Step 2: Wait for e-Manifest confirmation to arrive via e-mail or fax

Step 3: Driver must present e-Manifest *coversheet* confirmation at time of crossing

* Please include *invoice documents* along with this trip form

* **Express Filing** - \$15 additional fee

* Forms missing information not completed correctly or not readable may delay process

Make sure to make multiple copies of this trip form to fax each time you need to cross the US border

A. Company/ Carrier Information

Company Name: _____

SCAC Code: _____ Shipping Control # (same as PAPS Barcode #): _____

Contact Name: _____

Phone#: _____ Fax#: _____ *E-mail: _____

Expected U.S. PORT of Entry: Blaine, WA Sweetgrass, MT Portal, ND Port Huron, MI Buffalo, NY Specify Other Port: _____

Estimated Arrival Date: ____ / ____ / ____ Estimated Arrival Time: ____ : ____ Estimated # of crossings: ____ monthly or yearly ?
MM DD YYYY HH: MM MILITARY TIME (24:00)

PLACE PAPS LABEL HERE OR YOU
MAY PROVIDE PAPS/SCN# BELOW:

B. Shipper Information - Name and Address in the Canada where goods will be picked up

Shipper Name: _____

Physical Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

C. Consignee Information - Destination in the US of goods being shipped

Consignee Name: _____

Physical Street Address: _____

City: _____ State: _____ Zip Code: _____

D. Cargo Details - **PLEASE INCLUDE ANY INVOICES ASSOCIATED WITH THIS SHIPMENT**

Cargo (Commodity) Description: _____

Does Shipment Contain Hazardous Materials? YES NO Is this an inbond shipment? YES NO

Total Quantity: _____ Unit of Measure (Cases, Crates, Boxes, Pieces, Skids, Units, Each etc.): _____

Value (\$US): _____ Total Weight: _____ LBS Country of Origin: _____

E. Vehicle/Truck & Trailer Information

Truck Type: Tractor Pick-Up Van Box Truck Other _____ DOT # (if applicable): _____

Transponder ID#: _____ Truck License Plate #: _____ State/ Province: _____

Truck VIN #/Serial # (please print): _____

Trailer Information (if applicable)

Trailer Type: Flat Bed Dry Freight Goose Neck Livestock Single Drop Other _____

Trailer License Plate #: _____ State/ Province: _____

F. Driver & Passenger Information

Driver's Full Name: _____ Driver's phone #: _____

Driver License #: _____ State/Province: _____ Is this an **enhanced** drivers license? Yes No

Date of Birth: ____ / ____ / ____ Citizenship: _____ Gender: Male Female
MM DD YYYY

2nd Form of ID: (Choose one) Passport Birth Certificate US Visa *# required: _____ *Country/State: _____

PASSENGERS (If there is more than one passenger please provide detail information below for the additional passenger(s) on a separate sheet)

of Passengers: _____ Passenger's First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____ / ____ / ____ Citizenship: _____ Gender: Male Female
MM DD YYYY

Travel Document: (Choose one) Passport Birth Certificate US Visa *# required: _____ * Country/State: _____