



BLUE RIDGE TM LLC

PO BOX 68
BOGART, GA 30622

ACE/ACI MANIFEST DRIVER FORM

Carrier Name _____

Scac Code _____

Driver Information

Name _____ Citizenship _____

Middle Name _____

Last Name _____

Gender Male Female

Date of Birth ____ \ ____ \ ____

Home Terminal Address _____

City _____ State _____ Zip _____

Travel Document Information

Drivers License Number _____ State _____

Passport Number _____ Country Issued _____

Fast Card Number _____

If you would like Entry numbers to be emailed and /or texted to a cell phone please fill out the information below. When the Customs Broker submits the paperwork to the Port Authorities an entry number is issued The entry number will be emailed and texted to the cell phone/email listed below.

Primary Email _____

Primary Cell Ph: _____ - _____ - _____ Cell Phone Provider _____

Secondary E-mail _____

Secondary Cell Ph: _____ - _____ - _____ Cell Phone Provider _____

Ph 678.425.9571 Fax 770.868.1066

www.BlueRidgeTMLLC.com