

# **E-MANIFEST CHECKLIST**

Please fill in all applicable blanks (legibly) before returning this form.

Send to: [ace@rockymtnimporters.com](mailto:ace@rockymtnimporters.com) or Fax to: (406) 551-6363

## **\*DRIVER/CREW INFORMATION**

1. Full name of driver: \_\_\_\_\_
2. Driver's date of birth \_\_\_\_\_ 3: Is driver hazmat certified? Yes or No
4. Gender: \_\_\_\_\_ 5. Citizenship status: \_\_\_\_\_
6. Driver's license #: \_\_\_\_\_ State issued: \_\_\_\_\_ Country Issued: \_\_\_\_\_
7. Driver's passport #: \_\_\_\_\_ Country Issued: \_\_\_\_\_

**\*\*WILL THERE BE ANY PASSENGERS? IF SO PLEASE PROVIDE THE SAME INFO FOR EACH ONE.**

## **\*TRUCK CONVEYANCE/ EQUIPMENT INFORMATION**

### **Truck information:**

1. Full VIN: \_\_\_\_\_
- 2: License plate number: \_\_\_\_\_ 3: License plate issuing state: \_\_\_\_\_
4. Type of vehicle: (pickup truck, semi tractor, etc): \_\_\_\_\_

### **Equipment (trailer) information:**

1. License plate number: \_\_\_\_\_ 2. License plate issuing state: \_\_\_\_\_
3. Type of equipment (flat deck, car hauler, etc): \_\_\_\_\_

## **\*MISC INFORMATION**

1. Port of arrival: \_\_\_\_\_ 2. Estimated arrival date/time: \_\_\_\_\_
3. Are there any hazardous materials or goods subject to FDA prior notice contained in this shipment? \_\_\_\_\_

Total amount due upon completion of import paperwork. Import paperwork will not be released to port of entry until payment is received. Please provide payment information:

**By signing, I authorize above customs fees to be charged to the listed credit card below for the vehicle being processed. Charges cannot be reversed for any reason after services provided.**

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

Card#: \_\_\_\_\_

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

Exp/Yr. \_\_\_\_/\_\_\_\_ CVC: \_\_\_\_\_

City/St/Pr. \_\_\_\_\_

Signature: \_\_\_\_\_