



**PETER SUESS**  
 Transportation Consultant Inc

Fax EDI Request form to: 877-808-4819  
 Email EDI Request form to: [Fax@pstc.ca](mailto:Fax@pstc.ca)  
 Phone : 877-796-7016

Fax number/email address where manifest is to be sent: \_\_\_\_\_

Customs form 7533 inward manifest of bill of lading, commercial invoice and all supporting documentation must be included in this fax and accompanied with the driver. Please use Supplementary Request Forms for LTL shipments, in-bond shipments and additional crew/passengers.

**Driver information:**

Driver full name: \_\_\_\_\_ Driver contact # \_\_\_\_\_

FAST card : \_\_\_\_\_

**OR** driver may fill in the information below or submit copy of driver's license and passport

Driver's License # \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Passport # \_\_\_\_\_ Citizenship: \_\_\_\_\_

Birth date: \_\_\_\_\_

**Manifest information:**

Carrier SCAC # \_\_\_\_\_ or Canada Customs Number: \_\_\_\_\_

Expected arrival date: \_\_\_\_\_ First expected port: \_\_\_\_\_

Expected arrival time: \_\_\_\_\_ Trip #: \_\_\_\_\_

**Truck and trailer details:**

Truck #: \_\_\_\_\_ License plate # \_\_\_\_\_  
 Number and jurisdiction

Truck VIN \_\_\_\_\_

Trailer # \_\_\_\_\_ License plate # \_\_\_\_\_  
 Number and jurisdiction

**Shipment details/goods:**

Shipment type  Regular  BRASS  Inbound  Section 321  3299  7523  3311  Intangibles

Shipment control bar code # \_\_\_\_\_ FDA indicator:  Yes  No

Brief cargo description: \_\_\_\_\_

Shipment place count: \_\_\_\_\_ Weight: \_\_\_\_\_

**ATTENTION CUSTOMS BROKER: EMANIFEST HAS BEEN PROCESSED**



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**Broker Information:**

check here if you need PSTC to forward information to your broker

Customs broker Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Hazmat Information:**

Check here if shipment contains dangerous goods (complete insurance details required for dangous goods only)

Name of Insurance company: \_\_\_\_\_

Policy # \_\_\_\_\_ Issue date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

UNDG#: \_\_\_\_\_ Hazmat contact & phone #: \_\_\_\_\_

**Special Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**-Check list of items to send-**

- \*EDI Request form (completed)
- \*Credit card authorization (completed)
- \*Bills of Lading (must have PARS or PAPS Label affixed)
- \*Any other supporting documents for customs
- \*Is the contact number working? We have to be able to contact someone if we need to

**Supplement to EDI request**

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please use additional sheets as needed

**Additional driver or passenger information:**

Driver full name: \_\_\_\_\_ Driver contact # \_\_\_\_\_

FAST card : \_\_\_\_\_

**OR** driver may fill in the information below or submit copy of driver's license and passport

Driver's License # \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Passport # \_\_\_\_\_ Citizenship: \_\_\_\_\_

Birth date: \_\_\_\_\_

**Additional Shipment details/goods:**

Shipment type  Regular  BRASS  Inbound  Section 321  3299  7523  3311  Intangibles

Shipment control bar code # \_\_\_\_\_ FDA indicator:  Yes  No

Brief cargo description: \_\_\_\_\_

Shipment place count: \_\_\_\_\_ Weight: \_\_\_\_\_

Customs broker Name: \_\_\_\_\_  Check here if entry number is required

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Additional Shipment details/goods:**

Shipment type  Regular  BRASS  Inbound  Section 321  3299  7523  3311  Intangibles

Shipment control bar code # \_\_\_\_\_ FDA indicator:  Yes  No

Brief cargo description: \_\_\_\_\_

Shipment place count: \_\_\_\_\_ Weight: \_\_\_\_\_

Customs broker Name: \_\_\_\_\_  Check here if entry number is required

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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# PETER SUESS

Transportation Consultant Inc

The Record Keeping Specialist

## Credit Card Authorization

Date: \_\_\_\_\_

Customer name: \_\_\_\_\_

Email address to send paid invoice to: \_\_\_\_\_

Service address: \_\_\_\_\_

Street

City

Prov

Postal Code

Name on credit card: \_\_\_\_\_

Address of card holder : \_\_\_\_\_

(If different than service address)

Phone number: \_\_\_\_\_

Please check VISA  Or Mastercard

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

MM/YY

CVV: \_\_\_\_\_

Three or four digit number on  
back or front

I hereby authorized Peter Suess Transportation Consultant Inc to charge my credit card:

Amount if known: \$ \$27.00 + \$3.51 HST TOTAL \$30.51

Signature of card holder: \_\_\_\_\_

**Please return by fax 877-808-4819 or email fax@pstc.ca**

**Brantford ON**

**Phone 519-751-7016  
Email tesseltine@pstc.ca**

**Fax 519-751-1918**