



4700 Lake Road, Dollard des Ormeaux, Que., Canada  
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# **TRANSBORDER DISTRIBUTION GUIDE**

**(SHIPMENTS WITH PAPS CODES)**

# TRANSBORDER DISTRIBUTION CHECKLIST

## **DOCUMENTS**

- ✓ Fax Transmission Confirmation – 1 copy
- ✓ Consolidated Commercial Invoice (with PAPS Barcode) – Original signed
- ✓ Commercial Invoice(s) – Original(s) signed
- ✓ Inward Cargo Manifest (with PAPS or ‘Section 321’) – Original + 1 copy
- ✓ Frontier Logistix Frontière Waybill
- ✓ PAPS Confirmation\* - see TRACKING
- ✓ Shipping system reports – in a separate pile

## **TRACKING**

### **List of Broker’s Web sites for PAPS Tracking**

*PAPS CODE = SCAC Code (FLXQ) + Waybill # (7 numbers/letters AFTER ‘FLXQ’)*

- Affiliated: <http://www.affiliatedcb.ca/paps/Search.aspx>
  - A.N. Deringer: <http://www.anderinger.com/tracking/tracking.aspx>
  - Bay Brokerage: <http://entrystatus.customswebclearance.com/>
  - FedEx Trade Networks: <http://www.ftn.fedex.com/?link=4>
  - Great Lakes Customs Brokers Inc: <http://www.glcbi.com>
  - Metro: <https://sb.smartborder.com/shipper/bollookup.aspx?filercode=WFN>
  - Peace Bridge Brokers: <http://www.pbb.com/client-banner/third-idx.html>
  - UPS/SCS: <http://www.ups-scs.ca/>
- PAPS must be ‘Data release certified’ or ‘certified’ by 14:30 Hrs otherwise Wait Time penalties and/or Warehousing and/or CFS Holds can apply. **CHECK YOUR PAPS ONE HOUR AFTER YOU TRANSMIT IT TO YOUR BROKER!**

# Fax

**To:** PAPS ENTRY AT: **From:**  
**Fax:** **Pages:**  
**Phone:** **Date:**  
**Re:** PAPS ENTRY **CC:**

**Urgent**     **For Review**     **Please Comment**     **Please Reply**     **Please Recycle**

PAPS #: FLXQ\_ \_ \_ \_ \_

DATE OF CROSSING: \_\_\_\_\_

TIME OF CROSSING: 1300 HRS / 1 P.M.

PORT OF CROSSING: CHAMPLAIN, NY

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

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


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

Contact Number : \_\_\_\_\_

TANSPORTER: FRONTIER LOGISTIX FRONTIÈRE  
Melisa or Natalie: 514-624-5395

COMBINATION: INVOICE - DECLARATION BY FOREIGN SHIPPER

OFFICES TO SERVE YOU AT...  
 BARKER, MA, CT  
 BANGOR, ME  
 BAY HARBOR, ME  
 BRIDGEWATER, ME  
 CALAIS, ME  
 COBURN GORE, ME  
 FORT CARROLL, ME  
 FORT HARRIS, ME  
 HOULTON, ME  
 JACOBUS, ME  
 LEBLANCHE, ME  
 MADAWASKA, ME  
 PORTLAND, ME  
 VAN BUREN, ME  
 WANCEFOOT, ME  
 WESTON, ME  
 WILCOXVILLE, MA  
 WINTER  
 GATEWAY  
 DETROIT, MI  
 GRAND RAPIDS, MI  
 FORT LEONARD, MI  
 HONOLULU, HI  
 SAULT STE. MARIE, MI  
 CINCINNATI, OH  
 CHICAGO (DUREL) &  
 BAYVIEW/STAN, MI  
 FARMERS, ND  
 PORTLAND, ME  
 ELKINS, VA  
 NORTHERN NY, VT  
 GATEWAY  
 PORTSMOUTH, NH  
 ALEXANDRIA BAY, NY  
 BUFFALO, NY  
 CHAMPLAIN, NY  
 FORT CONANT/ST, NY  
 JAMAICA VLG, NY  
 LEWISTON, NY  
 MADISON, NY  
 MADARA FALLS, NY  
 OGDENBURG, NY  
 POLAND POINT, NY  
 SPRACON, NY  
 TROUT RIVER, NY  
 WASHINGTON, NY  
 ALBANY, VT  
 BURLINGTON APPROX, VT  
 DERRY LINE, VT  
 HIGHGATE SPRINGS, VT  
 NEWPORT, VT  
 NORTH, VT  
 FT. RUSSELL, VT

1. EXPORTER, SHIPPER, SELLER, AND MAILING ADDRESS		2. SHIPPER'S REF. NO.	
Company ABC 123 Lakeshore drive Montreal Qc H9G 1G8 TEL. NO.		 <small>Customs Brokers • Warehousing &amp; Distribution • International Freight Forwarders • FMC License #553</small>	
3. CONSIGNEE AND MAILING ADDRESS		FROM MONTREAL, CALL DIRECT: CHAMPLAIN, NY - (514-866-1603) HIGHGATE SPRINGS, VT - (514-861-7564)	
VARIOUS		FROM ONTARIO & PARTS OF QUEBEC CALL DIRECT: ALEXANDRIA BAY, NY - 1-800-257-0888 BUFFALO, NY - 1-800-283-6338 DETROIT, MI - 1-800-345-2467 PORT HURON, MI - 1-800-345-0467	
4. CONSIGNEE'S OR BUYER'S REF. NO.		5. FREIGHT AMOUNT, IF ANY.	
6. BUYER (IF OTHER THAN CONSIGNEE)		INCLUDED IN PRICES BELOW \$ <b>0.00</b> 7. TERMS OF SALE - DELIVERY - PAYMENT F.O.B. ( ) PLANT ( ) DESTINATION, OR 8. U.S. DUTY, MFF AND/OR BROKERAGE FOR: <input type="checkbox"/> SHIPPER (INCLUDED) <input checked="" type="checkbox"/> SHIPPER (NOT INCLUDED) <input type="checkbox"/> BUYER <input type="checkbox"/> CONSIGNEE Deringer to provide Cargo Insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. LOCAL CARRIER		10. PARTIES TO THIS TRANSACTION ARE: <input type="checkbox"/> RELATED <input checked="" type="checkbox"/> NOT RELATED	
11. EXPORTING CARRIER		12. FROM COUNTRY / PROVINCE OF ORIGIN	
13. U.S. PORT OF ENTRY		14. INVOICE DATE	
Montreal, Qc		09/25/06	
		15. DATE OF SALE	
		09/25/06	
		16. EXCHANGE RATE	
		17. CURRENCY OF VALUE	
		US\$	
DECLARATION BY FOREIGN SHIPPER (COMPLETE IF GOODS DESCRIBED BELOW ARE OF U.S. ORIGIN AND VALUE EXCEEDS \$1000.00) I, _____, DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ARTICLES HEREIN SPECIFIED ARE PRODUCTS OF THE UNITED STATES, THAT THEY WERE EXPORTED FROM THE UNITED STATES, FROM THE PORT OF _____ ON OR ABOUT _____ THAT THEY ARE RETURNED WITHOUT HAVING BEEN ADVANCED IN VALUE OR IMPROVED IN CONDITION BY ANY PROCESS OF MANUFACTURE OF OTHER MEANS.			
MARKS AND NUMBERS		NUMBER AND KIND OF PACKAGES	
DESCRIPTION OF GOODS		HTS NUMBER	QUANTITY
Various		Various	
Various, as per commercial invoices attached/enclosed			
		UNIT PRICE	TOTAL PRICE
			6,105.40
ESTIMATED FREIGHT CHARGES TO POINT OF EXIT \$		NAME OF RESPONSIBLE EMPLOYEE OR EXPORTER (PRINT)	
OR TO DESTINATION \$		SIGNATURE	
GIVE NAME & ADDRESS IF DIFFERENT FROM EXPORTER BOX ABOVE		DATE	STATUS <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT
<small>If the production of these goods involved foreign goods or services to the seller (e.g. assets such as dies, molds, tools, engineering work, and the value is not included in the invoice price, give explanation. If no assets value is: This invoice must specifically state that the applicable duty or fee for ADT, Dumping duties, countervailing duties, merchandise processing fees, harbor maintenance fees, fuel, port and towage fees are included in the invoice price.</small>			
<small>SHOW DISCOUNTS ABOVE                  SHOW PRICE INCLUDES:  <input type="checkbox"/> DUTY <input type="checkbox"/> CLEARANCE <input type="checkbox"/> RESORT</small>			

# EXAMPLE ONLY

YOU SHOULD FIND THIS FORM ON YOUR CUSTOMS BROKER'S WEBSITE WITH THEIR LOGO, ADDRESS, ETC.

US-CUSTOMS FORM 3020A

FORM SUPPLIED BY A.R. DERINGER, INC.  
 Internet 8/23/99

# INWARD CARGO MANIFEST

U.S. DEPARTMENT OF HOMELAND SECURITY  
Bureau of Customs and Border Protection

Approved OMB No. 1551-0001

## INWARD CARGO MANIFEST FOR VESSEL UNDER FIVE TONS, FERRY, TRAIN, CAR, VEHICLE, ETC.

CBP Manifest/Bond Number \_\_\_\_\_

(INSTRUCTIONS ON  
REVERSE)

19 CFR 123.4, 123.7, 123.61

Page No. \_\_\_\_\_

1. Name or Number and Description of Importing Conveyance  TRUCK# _____ LIC# _____ QC. _____ MR. _____		2. Name of Master or Person in Charge  _____		
3. Name and Address of Owner TRANSPORT D. C. 187 EMRICK, NOYAN, QC. JOJ-1B0		4. Foreign Port of Lading MONTREAL, QC		5. U.S. Port of Destination PLATTSBURGH, NY
6. Port of Arrival  CHAMPLAIN, NY		7. Date of Shipment <div style="border: 1px solid black; padding: 5px; width: 100%; height: 20px;"></div>		
Column No. 1	Column No. 2	Column No. 3	Column No. 4	Column No. 5
Bill of Lading or Marks & Numbers or Address of Consignee on Packages	Car Number and Initials	Number and Gross Weight (in kilos or pounds) of Packages and Description of Goods	Name of Consignee	For Use By CBP only
DESCRIPTION				
<div style="border: 1px solid black; padding: 5px; width: 100%; text-align: center;">Apply « PAPS » sticker here</div>	<div style="border: 1px solid black; padding: 5px; width: 100%; text-align: center;">Description of goods</div>	<div style="border: 1px solid black; padding: 5px; width: 100%; text-align: center;">Drop-off location Ex: FDX Plattsburg</div>	FEDEX PLATTSBURGH	
	<div style="border: 1px solid black; padding: 5px; width: 100%; text-align: center;">Qty of boxes</div>	<div style="border: 1px solid black; padding: 5px; width: 100%; text-align: center;">Total Weight</div>		
		# OF CARTONS	TOTAL WEIGHT	

**CARRIER'S CERTIFICATE**

To the Port Director of CBP, Port of Arrival:

The undersigned carrier hereby certifies that \_\_\_\_\_ of \_\_\_\_\_

is the owner or consignee of such articles within the purview of section 484, Tariff Act of 1930.

I certify that this manifest is correct and true to the best of my knowledge

Date \_\_\_\_\_ Master or Person in charge \_\_\_\_\_

(Signature)

Enter DATE

DO NOT SIGN!



I/B \_\_\_\_\_ O/B \_\_\_\_\_



Pour le service appelez/For pick up call:  
**MONTREAL:** 514-624-5395  
**TOLL FREE:** 1-866-926-0330

4700 Lake Road, Dollard des Ormeaux, Qué., Canada H9G 1G8  
 Phone: (514) 624-5395 Fax: (514) 896-1474

**Expéditeur/Shipper:**

\_\_\_\_\_

\_\_\_\_\_

C.P./ZIP: \_\_\_\_\_

Contact/No: \_\_\_\_\_

Courier/Broker: \_\_\_\_\_

Contact/No: \_\_\_\_\_

**Consignee/Consignataire:**

\_\_\_\_\_

\_\_\_\_\_

C.P./ZIP: \_\_\_\_\_

Contact/No: \_\_\_\_\_

**NUMERO DE PAPS / PAPS NUMBER**

\_\_\_\_\_

**SERVICE:**

Avis/Air: 9:00  12:00  17:00  48 HRE

Temp/LTL: Ca.  E.U./U.S.  Exp.

Local: Direct  Rush  E.U./U.S. Linehaul

**Matières Dangereuses:** oui  non  **Paquets étiquetés de danger fournis:** oui  non  **Chauffage requis/Heat required:**

**Dangerous/Hazardous Goods:** yes  no  **Placards Tendres:** yes  no

Instructions Spéciales/Special Instructions: \_\_\_\_\_

\_\_\_\_\_

E.U. Classe/U.S. LTL Classification No: \_\_\_\_\_ Ref. / P.O. #: \_\_\_\_\_

Nombre de Paquets Number of Packages	Description	Express	Dimensions Longueur Length			Largeur Width			Hauteur Height			Poids/Poids	Charges/Frais
			X	X	X	X	X	X	X	X	X		
													Port Payé/ Prepaid <input type="checkbox"/>
													Collect <input type="checkbox"/>
													COD <input type="checkbox"/>
Nombre total de colis/Total # of Packages			Poids Cubique/Cube Weight						Poids Actuel/Actual Weight			\$ _____	
<b>D.V./Ag #</b>													

N.B. Veuillez prendre connaissance des conditions au verso, qui sont acceptées par les présentes. / N.B. Note carefully conditions on back hereof which are hereby accepted.

**Expéditeur/Consignor:** \_\_\_\_\_

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

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

**Expéditeur/Consignor: Transporteur/Carrier:** \_\_\_\_\_

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

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

No. Sticks

**Destinataire reçu en bonne condition par/Consignee Received in good order by:** \_\_\_\_\_

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

Nom/Name: \_\_\_\_\_

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