



PRE-ARRIVAL REVIEW SYSTEMS

FAX TRANSMISSION SHEET FOR CANADA CUSTOMS CLEARANCE

Date: _____ Number Of Pages: _____

From: **TEAMS** Driver: _____

To: **Customs Department** Fax/Email: **(204) 222-6241**
customs@teamstransport.com

ESTIMATED DATE AND TIME OF ARRIVAL OF DRIVER/GOODS AT:

(PORT OF ENTRY) (DAY/MONTH/YEAR/TIME)

Cargo Control Number/PARS Number: **2274PARS**

TEAMS Truck No: _____ Driver: _____

Seal Number: _____

DO NOT PLACE PARS STICKER ON THIS COVER SHEET