ADD NEI Greeneye e-Manifest	W VEHICI	-	LER SSA CODE: *SCAC:	
*CARRIER				
*VEHICLE UNIT#:		*TYPE OF VEHI O AUTOMOBILE O BOX TRUCK O PANEL TRUCK O OTHER:	CLE: O PICKUP TRUCK O TRACTOR (SEMI) O VAN	
*VEHICLE PRIMARY PLATE #:		~ UTHER:		
"VEHICLE PRIMARY PLATE #:				
*VEHICLE PLATE PROVINCE:				
*VEHICLE VIN #:				
HAZMAT INFO:(IF APPLICABLE) INSURANCE COMPANY:				
POLICY ISSUE DATE:				
POLICY NUMBER:	D D			
COVERAGE AMOUNT:				
*TRAILER UNIT#:				
*TYPE OF TRAILER: ○ SEMI-TRUCK TRAILER	If Tank Trailer	r, fill in the se	ction below	
LIVESTOCK TRAILERTANK TRAILERFLAT BED TRAILERHORSE TRAILER	○ LIQUID ○ CHEMICALS ○ FOOD GRADE (choose one) ○ HEATED (IF APPLICABLE) ○ INSULATED (IF APPLICABLE)			
HORSE HIGHER				

*TRAILER PRIMARY PLATE #:

*TRAILER PLATE PROVINCE:

*TRAILER VIN #:

0000T03