



GATEWAY INCENTIVE APPLICATION FORM

Mail: The St. Lawrence Seaway Management Corporation
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 a/s Pierre Cécile

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Shipper: _____

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**NOTE: APPLICATION FORM MUST BE SUBMITTED PRIOR TO COMMODITY MOVEMENT TO BE ELIGIBLE FOR INCENTIVE RATES.
 PLEASE SUPPLY ANY RELEVANT DOCUMENTS SUPPORTING THE PROPOSED MOVEMENT.**

MOVEMENT INFORMATION						
Commodity	Port of Origin	Port of Destination	Current Gateway	Volume Commitment	Requested Toll Reduction	Proposed Duration

The undersigned certifies that the information given in this declaration and in any document attached hereto is true, accurate and complete in very respect.

Name: _____ Title: _____ Signature: _____

Email: _____ Date: _____

NB.: The St. Lawrence Seaway Management Corporation (SLSMC) reserves the right to modify its decision and cancel an approved application under the Volume Rebate Incentive Program if it discovers that the information by which the approval was given was not true and accurate. SLSMC also reserves the right to charge and collect the full amount of tolls retroactively, at its discretion, should the information in this declaration not be true and accurate.