



VOLUME REBATE APPLICATION FORM

Mail: The St. Lawrence Seaway Management Corporation
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DOMESTIC EXPORTS IMPORTS
 Check one of the above

Shipper/Receiver: _____
 Address: _____
 Telephone: _____ Fax: _____

**NOTE: APPLICATION FORM MUST BE SUBMITTED PRIOR TO JUNE 30TH TO BE ELIGIBLE FOR INCENTIVE RATES.
 PLEASE SUPPLY ANY RELEVANT DOCUMENTS SUPPORTING PREVIOUS 5-YEAR TONNAGE.**

CARGO INFORMATION								CARRIER INFORMATION	FOR SLSMC USE ONLY		
Commodity	Port of Origin	Port of Destination	Previous 5 Year Tonnage					Anticipated Volume	Name of Carrier(s) Involved in Shipments	Approved Maximum Volume	Approval - Case #
			Year 1	Year 2	Year 3	Year 4	Year5				

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: _____ 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.