



## SERVICE INCENTIVE APPLICATION FORM

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**NOTE: APPLICATION FORM MUST BE SUBMITTED 30 DAYS PRIOR TO SERVICE IMPLEMENTATION TO BE ELIGIBLE FOR INCENTIVE RATES.  
 PLEASE SUPPLY ANY RELEVANT DOCUMENTS SUPPORTING THE PROPOSED SERVICE.**

SERVICE INFORMATION					FOR SLSMC USE ONLY	
Ports of Origin	Ports of Destination	Commencement Date	Schedule/Rotation	Frequency	Service #	Approval

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