



The St. Lawrence Corporation de Gestion
Seaway Management de la Voie Maritime
Corporation du Saint-Laurent

SPECIAL TRANSIT DECLARATION FORM *

LAKER **BARGE** **COMBINED BARGES**
Check one of the above

Mail: The St. Lawrence Seaway Management Corporation
Billing Department
151 Écluse Street
St-Lambert, Quebec, J4R 2V6

Telephone: (450) 672-4115 ext. 2354
Fax: (450) 672-2404
E-mail: billing@seaway.ca

Company Name: _____

Address: _____

NOTE: THIS FORM MUST BE SUBMITTED WITHIN 14 DAYS OF ENTRY INTO THE 1st LOCK

VESSEL INFORMATION							COMMODITY INFORMATION				SLSMC USE
Vessel Name	Agent No.	Vessel No.	Date of Entry	Port of Origin	Port of Destination	Dir. U/D	Commodity	Loading Port	Unloading Port	Tonnage (KG)	Sales Order #

GST DECLARATION FOR A NON-RESIDENT OF CANADA:

The undersigned certifies that this declaration, for shipment of merchandise to or from Canada, is submitted by a carrier/agent acting on behalf of a carrier non-resident of Canada not registered for GST purposes, and thus tolls are to be zero-rated under the Goods and Services Tax legislation.

Check if applicable

QST DECLARATION FOR A NON-RESIDENT OF QUEBEC:

The undersigned certifies that this declaration, for shipment of merchandise to or from Quebec, is submitted by a carrier/agent acting on behalf of a carrier non-resident of Quebec not registered for QST purposes, and thus tolls are to be zero-rated under the Quebec Sales Tax legislation.

Check if applicable

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

Dated at: _____ on: _____ Signature: _____ Title: _____

*** FOR OCEANS, PLEASE USE THE STANDARD TRANSIT DECLARATION FORM**