The St. Lawrence Seaway Management Corporation

Corporation de Gestion de la Voie Maritime du Saint-Laurent

MARSEC Marine Security Sûreté maritime

1. COMMITMENT TO MEET THE REQUIREMENTS OF THE MARINE SECURITY AWARENESS GUIDE

I, the undersigned, confirm that I have read and understood the *Marine Security Awareness Guide – Saint Lawrence Seaway Management Corporation, Maisonneuve Region*. I promise to meet all of the requirements mentioned in it. Lastly, I am aware that failure to meet the requirements mentioned in the *Marine Security Awareness Guide – Saint Lawrence Seaway Management Corporation, Maisonneuve Region*, could result in my expulsion from SLSMC lands.

2. CONSENT FOR THE USE OF A PERSONAL IDENTIFICATION

As an employee of a Contractor, a Consultant, a supplier or a business partner who is to perform work on SLSMC property, your access to SLSMC property is subject to Marine Transportation Security Regulations (MTSR) and therefore, your identification must be appropriately confirmed by SLSMC personnel in order to gain a secure access to SLSMC property.

In order to do so, SLSMC requires a copy of an official photo identification such as your Drivers' Licence or Canadian Passport and your physical description (eye color and height) along with your consent for the sole purpose of verifying your identification.

The copy of your documentation will not be retained nor stored by the SLSMC, but could be required again if there are any breaches, questions or a need to re-confirm identification as per MTSR's.

This process will be repeated at each reissuance of the Pass and your identification will be required again at that time.

The SLSMC is committed to abide by the information practices mandated by the federal *Personal Information Protection and Electronic Documents Act* and SLSMC shall use your identification for no other purpose. This personal information will be handled in accordance with the SLSMC *Privacy Policy*.

I have read and understand the above consent. I hereby agree to the use and disclosure of my ID for the above stated purpose.

3. TO BE FILLED AND SIGNED BEFORE A WITNESS

Name of applicant (in print)	X Signature of applicant	Date
Name of witness (in print)	X Signature of witness	Date

Eye color* : _____ Height* : _____ cm

6 last digits of ID document : | | | | | | |

** Eye color and height must be as shown on identification document*

Name of Company : _____