



1. Registering a Company

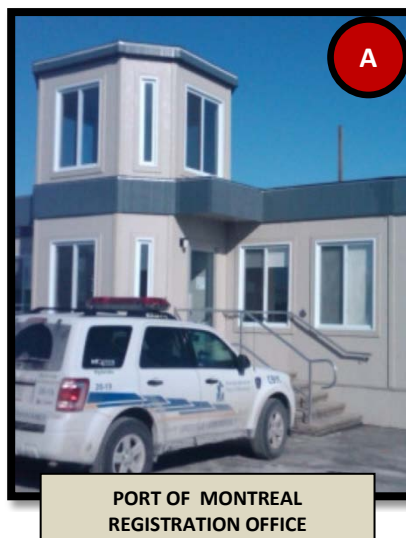
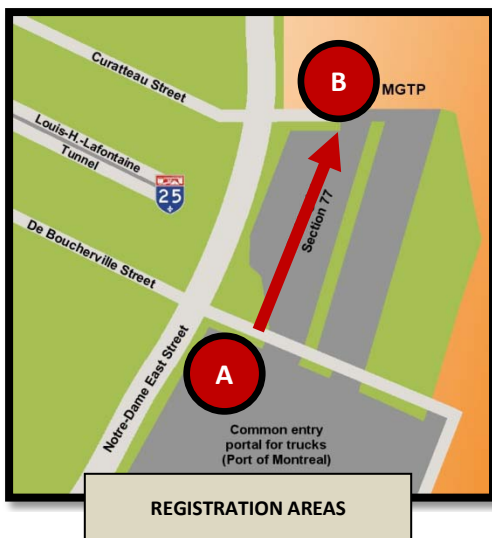
- A. If your company has never done business with Montreal Gateway Terminals Partnership (hereinafter referred to as “MGTP”), you must complete the [Company Registration Form](#) (Appendix A). The completed form must then be forwarded by fax (514-789-2619) or by email (mgtsecurity@mtrtml.com).
 - I. If you come to pick up **containers for Maersk Shipping Line**, contact Maersk and follow their registration procedures.
 - II. If you come to pick up **import or empty containers for the following shipping lines – Hapag-Lloyd, OOCL, CMA/CGM and APL** – you must subscribe to the *Uniform Intermodal Interchange And Facilities Access Agreement* (UIIA) and be approved by the shipping line (on-line registration at www.uiia.org/mc_files/mc_join.shtml).

2. Registering a New Trucker

- A. Complete the [Trucker Registration Form](#) (Appendix B).
- B. Complete the [Request for a Port Access Card](#) (Appendix C).
- C. Your company must make an appointment by email for your trucker with the MGTP Security Service (mgtsecurity@mtrtml.com) or by telephone (514-257-3040 ext. 5049). On the day of his appointment, the trucker must have in his possession:
 - I. The [Trucker Registration Form](#) duly completed and signed
 - II. Two official government identity documents (driving permit, passport, Medicare card).
- D. On the day of his appointment, the trucker must park his truck next to the Port of Montreal registration office (Area A on the pictures below) and go to the MGTP registration office (Area B on the pictures below).
- E. The trucker must go to the Port of Montreal registration office situated on the corner of Notre Dame Street East and De Boucherville (Point A on the pictures below). For business hours, please telephone 514-283-0260 or 514-283-0261. The trucker must present:
 - I. Two official government identity documents (driving permit, passport, Medicare card);
 - II. The [Request for a Port Access Card](#) duly completed and signed;
 - III. A fee of \$40 before taxes will be charged by the *Montreal Port Authority*.

3. Registration through your company of a trucker who is already registered or a trucker in training

- A. Complete the [Trucker Registration Form](#) (Appendix B). The completed form must be forwarded to us by fax (514-789-2619) or by email (mgtsecurity@mtrtml.com).





INSTRUCTIONS

Complete Sections A and B of the form

2. Forward the form to Montreal Gateway Terminals Partnership's Security Service by

Fax (514-789-2619)

Email (mgtsecurity@mtrtml.com)

In Person (MGTP Reception Office)

SECTION A - COMPANY IDENTIFICATION

Full name of the company						Company Emergency Telephone No. ()		
Description of your company's activities within Montreal Gateway Terminals Partnership								
Address 1	Civic No.	Street			Address 2 if required	Civic No.	Street	
City			Province/State		Country		Postal Code	
Company Telephone Number ()		Fax No. ()		Notification method <input type="checkbox"/> Email <input type="checkbox"/> Fax			Language <input type="checkbox"/> French <input type="checkbox"/> English	
Website				Email Address				
Department/Service name (if required)			Name of department head			Telephone No. of department head ()		

SECTION B - AUTHORIZED SIGNATORY

The person indicated below is designated as the authorized signatory to represent our company in all written communications concerning access passes to the port. It is understood that only sponsorship requests signed by the signatory indicated below will be considered and acted upon. It is also understood that the authorized signatory is also the person responsible for validating and maintaining sponsorship notifications on behalf of our company to the Montreal Port Authority.

Name of designated authorized signatory				Title of designated authorized signatory				
Telephone No. of authorized signatory ()		Fax no. of authorized signatory ()			Email address of authorized signatory			
Address (if different from Section A)	Civic No.	Street			City			
Province/State		Country		Postal Code		Email Address		
Signature of authorized signatory						Year	Month	Day
Signature of CEO/President of the Company			Name and Surname (in block letters)			Title of person in authority		

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Company Code		Signature of Security Officer			Badge No.		Year	Month	Day
Signature of security officer for port installation						Year	Month	Day	



INSTRUCTIONS

Complete Sections A, B and C of the form.

2. Request an appointment with the Montreal Gateway Terminals Partnership Security Service by email (mgtsecurity@mtrtml.com) or by telephone (514-257-3040 ext. 5049).

SECTION A - TRUCKER'S PERSONAL INFORMATION

Family name		Given name	
Driving Permit Number	Tractor Number	Licence plate number	Are you a trucker in training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of employer	Postal Code	Have you ever had a PIN (5 digit code) <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", write in your PIN here

SECTION B - BIOMETRIC INFORMATION

1. INTRODUCTION

The shape of the right hand is the type of physiological characteristic collected (hereinafter "biometric measures").

2. BIOMETRIC MEASUREMENTS

Upon receiving your consent, Montreal Gateway Terminals Partnership (hereinafter "MGTP") will begin collecting your biometric data according to the following procedure. The biometric scanner HK II will photograph the shape of your hand. The image created by this photograph is not retained. Based on this photograph, the software places points in a multitude of locations so that the combined points can establish the unique identification of your hand. This stage is done once for your right hand. The position of 90 points is digitized and an algorithm transforms these digits into a code. Your identity is thus related to your hand by means of a user code composed of 5 digits. The scan procedure is repeated three times on one hand only at the time of enrollment; the combined biometric data establishes the biometric measurements.

Your biometric measurements are personal information according to the law. MGTP therefore undertakes to ensure that security mechanisms are put in place to protect confidentiality.

3. ULTIMATE PURPOSE OF USING BIOMETRICS

The biometric measurements are collected in order to allow to correctly and quickly validate the identity of each trucker. The biometric measurements and personal information are part of your file as a trucker who takes delivery of goods at MGTP and will not be used for any purpose other than validating the identity of the person taking delivery of goods at MGTP. This information could be used for investigation purposes by MGTP, its authorized agents and, if necessary, be given to controlling forces.

4. SECURITY MEASURES

MGTP considers your personal information as being very important. For this reason, MGTP makes certain that your personal information is adequately protected to ensure confidentiality. Your biometric measurements will be the subject of an encryption in order to ensure confidentiality. Only a limited number of MGTP employees will have access to your biometric measurements. Access to biometric measurements will only be allowed when it becomes necessary to obtain the purposes mentioned in the aforementioned item 3.

5. SAFEKEEPING

Your biometric measurements will be kept until the first of the three following events occur (i) You advise us in person or you send us a written notice at the end of your employment with your present employer or (ii) the moment your user profile has not been used for a period of more than 24 months or (iii) the moment when MGTP uses a new method of authentication that does not correspond to the method stipulated in the aforementioned item 1. When the first of these events occur, MGTP will expeditiously begin the secure destruction of your biometric measurements barring a request for access or a rectification in progress made in accordance with item 6 below.



SECTION B (CONT'D.)

6. RIGHT OF ACCESS AND RECTIFICATION

As with all of your personal information, you may request access to all information related to your biometric measurements, a rectification or any other information by addressing a written request to MGTP's Security Service to the attention of the Security Manager. MGTP will reply to your request for access, rectification or information within a reasonable period of time following its reception.

7. DISCLOSURE OF PERSONAL INFORMATION

MGTP will not disclose your personal information, including your biometric measurements, to anyone unless, as is the case for any other personal information, MGTP may be obligated to divulge personal information as required or allowed by law.

To ensure that your biometric measurements are collected, used and retained in accordance with the security standards stipulated in the aforementioned item 4, MGTP requires its security personnel and its electronic data processing services to put in place and maintain appropriate security measures.

8. SAFEKEEPING BIOMETRIC CHARACTERISTICS OR MEASUREMENTS

The biometric measurements, as for all other personal information that we have in our possession, are kept in our secured servers in MGTP offices.

SECTION C - TRUCKER'S CONSENT

I, the undersigned, consent to having my personal information divulged, including my photograph, to their subsequent verification by MGTP and for their use for the purpose of establishing an identity profile and their use in an internal security authorization enquiry. By consenting to the foregoing, I acknowledge that the aforementioned information may be verified or used. This consent form will become obsolete if a written notice is supplied to MGTP's security service or if the signatory does not register with his profile during a period of 24 months, in accordance with the automatic destruction of data policy.

Moreover, I confirm that I have read and understand the information contained in the form concerning the collection, use and safekeeping of my biometric measurements by MGTP. I understand that my biometric measurements will be used strictly to identify the shape of my hand at MGTP. I consent to the collection, use and safekeeping of my biometric measurements subject to these provisions.

Trucker's signature		Year	Month	Day
Signature of authorized signatory	Surname and given name (in block letters)	Year	Month	Day

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PIN	Employer's Code	MGTP Security Agent's personal number



Dossier/File _____
Date /Date _____

DEMANDE POUR CARTE D'ACCÈS PORTUAIRE / REQUEST FOR PORT ACCESS CARD

IDENTIFICATION PERSONNELLE / PERSONAL IDENTIFICATION

Nom et prénom du requérant / Name and first name of Applicant			Numéro d'habilitation/Clearance number		
Yeux / Eye	Sexe / Sex	Grandeur / Height	Date de naissance / Date of birth		
Adresse/Address Rue/Street		Ville/City	Code postal / Postal code		

EMPLOYEUR / EMPLOYER

Employeur / Employer	Service / Department	N° téléphone / Phone no.
Statut d'employé / Employee Status	Titre / Job Title	Matricule / Employee number
Superviseur / Supervisor		N° téléphone / Phone no.

PERMIS DE CONDUIRE / DRIVER'S LICENSE

Numéro / Number	Classes / Classes	Province / State

VÉHICULE AUTOMOBILE / MOTOR VEHICLE

Marque / Make	Modèle / Model	Année / Year	N° Plaque / Plate no.
FLOTTE / FLEET	Propriétaire / Owner:		
<input type="checkbox"/>			

ASSURANCE RESPONSABILITÉ / LIABILITY INSURANCE

Nom de la compagnie / Name of company	N° de police / Policy no.	Date d'expiration/Date of expiry

DÉCLARATION / DECLARATION

Je, soussigné, reconnais avoir reçu du port de Montréal, le permis de circuler mentionné ci-dessus, et j'accepte les conditions suivantes imposées pour l'utilisation de ce permis, à savoir que:

1. Ce laissez-passer est pour mon seul usage et pour utilisation dans le cadre de mes fonctions dans le port.
2. Ce laissez-passer doit être porté au dessus de la ceinture, visible en tout temps et être remis à un agent de sûreté sur demande.
3. Mon véhicule, son contenu et objets que je transporte sont sujets à vérification sur le territoire du port.
4. Une infraction aux règlements de l'Administration portuaire de Montréal peut entraîner la révocation de ce permis sans autre avis.
5. D'informer immédiatement l'Administration portuaire de tout changement aux informations contenues ou autrement pertinentes à cette application; je rapporterai la perte, l'égarement, les dommages et la destruction du laissez-passer dans les meilleurs délais.

I, the undersigned, acknowledge receipt of the above mentioned Port of Montreal permit, and I undertake to abide by these following conditions:

1. This pass is to be used by myself only and while conducting business in the port.
2. The pass shall be worn above the waist, visible at all times and be surrendered to a security agent upon request.
3. My vehicle, its content and objects that I am carrying are subject to inspection on port territory.
4. A violation to the Montreal Port Authority by-laws may entail the cancellation of this permit without further notice.
5. To notify the Port Authority immediately of changes to any and all of the information contained within or otherwise relevant to this application; I will report the loss, misplacement, damage or destruction of the pass as soon as possible.

Signature du requérant / Signature of Applicant		Date
Nom du répondant / Sponsor's Name		Organisation
Signature du répondant autorisé / Authorized sponsor's signature		Date
Justification:		

Numéro de carte émis / Card Number issued _____