

TRUCKING COMPANY HANDBOOK



A red dashed border with a slightly irregular, hand-drawn appearance, framing the emergency contact information.

**IN CASE OF EMERGENCY
CALL MGT SECURITY
(514) 257-3067**

MONTREAL GATEWAY TERMINALS PARTNERSHIP

514-257-3040
305, CURATTEAU STREET
MONTREAL (QC)
H1L 6R6

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1. MISSION AND VALUES

1.1. MISSION

Specializing in the handling of shipping containers transported between international markets and domestic industrial centers on behalf of shipping lines, MGT engages qualified and experienced personnel and uses ultra-modern equipment to offer a service founded on reliability, consistency and compliance with its commitments. MGT additionally ensures a customer experience based on quality business relationships, accessibility and customization.

Environmentally conscious, MGT contributes to the well-being of society through the implementation of innovative approaches for the protection of the environment.

1.2. VALUES

- **Partnership** : collaboration to carry out concerted actions for profitability, business development, customer satisfaction, and attention to employees
- **Integrity** : client and staff approaches based on MGT's core principles (loyalty, openness, collaboration, in-house solutions);
- **Efficiency** : ability to produce expected outcome, desired gain and anticipated productivity with flexibility;
- **Respect** : MGT is dedicated to its customers, employees and stakeholders and is committed to taking their needs and expectations into account;
- **Service** : constant and reliable with a prevailing respect for commitments and a positive customer experience.

2. POLICIES & DIRECTIVES



2.1
HAVE YOUR
SPONSORSHIP



2.2
REGISTER YOUR TRUCK
DRIVERS



2.3
OBTAIN YOUR UIIA
ACCREDITATION



2.4
OBTAIN YOUR MAERSK
CODE



2.5
HAVE YOUR DRIVERS
SIGN THE TRUCK
DRIVER'S HANDBOOK



2.6
SIGN THE TRUCKING
COMPANY HANDBOOK



2.7
OBTAIN A USER PROFILE
(MGTP WEBSITE)



2.8
EMPLOY A TRUCK
DRIVER ALREADY
REGISTERED



2.9
REMOVE A TRUCK
DRIVER FROM YOUR
COMPANY REGISTRY



2.10
REPORT ALL CHANGES
OF COMPANY
INFORMATION



2.11
PROVIDE NOTICE WHEN
A TRUCK DRIVER IS IN
TRAINING



2.12
WIDE LOAD



2.1. HAVE YOUR SPONSORSHIP

PORT MONTREAL		Formulaire d'enregistrement d'une organisation	
Image / Sponsorship		Organisation registration Form	
1. Identification de l'Organisation / Organisation's Identification			
Nom de l'Organisation / Organisation's Name			
Rue / Street			
Ville / City			
Pays / Country			
Code postal / Postal Code			
Téléphone / Phone			
Fax			
Consentement / Consent			
Signature autorisée / Authorized signatory			
Nom / Name			
Prénoms / First Name			
Titre / Title			
Signature			
Nom de famille / Last Name			
Prénoms / First Name			
Titre / Title			
Signature			
Nom de famille / Last Name			
Prénoms / First Name			
Titre / Title			

Complete the Company Registration Form (see p.10) and identify an authorized signatory



The completed form must be sent to us by fax (514-789-2619), or by email (mgtsecurity@mtrtml.com) or delivered in person. (305, Rue Curatteau, Montréal)

*The authorized signatory is responsible to confirm the truckers that are working for your Company.



2.2. REGISTER YOUR TRUCK DRIVERS

PORT MONTREAL		Demande de laissez-passer portuaire de zone régime entre R1	
1. Identification personnelle / Personal identification		R1 regulated area port pass request	
Nom / Name			
Prénoms / First Name			
Titre / Title			
Rue / Street			
Ville / City			
Pays / Country			
Code postal / Postal Code			
Téléphone / Phone			
Fax			
Employer / Employer			
Nom / Name			
Prénoms / First Name			
Titre / Title			
Rue / Street			
Ville / City			
Pays / Country			
Code postal / Postal Code			
Téléphone / Phone			
Fax			
Véhicule Moteur / Motor Vehicle			
Marque / Make			
Modèle / Model			
Année / Year			
Poids / Weight			
Platte / Fleet			
Matr. / License			
Signature			
Nom / Name			
Prénoms / First Name			
Titre / Title			
Rue / Street			
Ville / City			
Pays / Country			
Code postal / Postal Code			
Téléphone / Phone			
Fax			

Complete the R1 regulated area port pass request » (see p.11)



Send your truck driver to the Port of Montreal registration office, corner Notre-Dame Est and De Boucherville (point A)



The driver must bring two pieces of ID and the completed R1 regulated area port pass request. A fee of \$55 will be charged by the Montreal Port Authority

2.3. OBTAIN YOUR UIIA ACCREDITATION



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 (instructions at http://uiia.org/mc/mc_join.php).



2.4. OBTAIN YOUR MAERSK CODE

If you come to pick up containers for Maersk Shipping Line, contact Maersk and follow their registration procedures.



2.5. HAVE YOUR DRIVER SIGN THE TRUCK DRIVER'S HANDBOOK

The Truck Driver's Handbook is a tool available on the MGTP web site under truck gate info option: [\(click here\)](#)

All truckers (holding a Port Access Card) must have read and signed the consent on the last page of the Handbook. Once completed, this page must be returned to MGTP by email (mgsecurity@mtrmtl.com), by fax (514-789-2619) or in person (reception desk).



2.6. SIGN THE TRUCKING COMPANY HANDBOOK

The Trucking Company Handbook is a tool available on the MGTP web site under truck gate info option: [\(click here\)](#)

Once completed, this page must be returned to MGTP by email (mgsecurity@mtrmtl.com), by fax (514-789-2619) or in person (reception desk).



2.7. OBTAIN A USER PROFILE (MGTP WEBSITE)

1 WELCOME TO MONTREAL GATEWAY TERMINALS

MEMBER SECTION

CREATE AN ACCOUNT

Go to www.mtrmtl.com and click on "create an account"

2

Personal identification

First name: [] Last name: []

Professional identification

Company: []

Nature of your company: []

Company web site (if applicable): []

Address: []

City: []

Province / State: []

Postal / Zip code: []

Contacts

Phone number: []

Email: []

Reseller email: []

Web

Desired web user name: [] (Between 3 and 15 characters (letters and numbers))

Language for correspondence: [English]

I click "Agree" I attach my electronic signature to and agree to the Terms of Use for NETGATE. I understand that if I do not agree to these terms of use, I shall not disseminate my registration, and withdraw from using the NETGATE services.

AGREE

Complete the online form and select "I AGREE"

2.8. EMPLOY A TRUCK DRIVER ALREADY REGISTERED



In the event you need to add a trucker to your company register that is previously registered at the Port of Montreal with another company, you must notify the MGTP terminals.

To recruit a trucker who is already registered, send the *Request for a Port Access Card* (see p.11) to mgtssecurity@mtrtml.com or fax (514-789-2619).

2.9. REMOVE A TRUCK DRIVER FROM YOUR COMPANY REGISTER



Visit www.mtrtml.com and enter your user name.

Access to "My Truckers".

My Truckers			
Dis: 3	10 elements		
Copy	CSV	Excel	PDF
Last Name			
Revoke access	Boucher		
Revoke access	Bureau		
Revoke access	Calles Gomes		
Revoke access	Carrillo		
Revoke access	Chacon		
Revoke access	Charpentier		
Revoke access	Daigneault		
Revoke access	Dandurand		
Revoke access	Desjardins		

Select (Revoke Access). Your former trucker will be deactivated from the system.

* If you fail to remove a trucker from your company register, this could allow them to execute transactions in your name, without your consent.

2.10. REPORT ALL CHANGES OF COMPANY INFORMATION



In the event your Company changes its address, telephone number, authorized signatory or email address, please "Without delay" sends us an updated version of the *Organization Registration Form* (p. 10) by email to mgtssecurity@mtrtml.com

2.11. PROVIDE NOTICE WHEN A TRUCKER IS IN TRAINING



Send an email to mgtssecurity@mtrtml.com. In your email, enter: The name of the person in training, the start date and the end date.

Security will add your trucker in training to the terminal access list.

2.12. WIDE LOAD



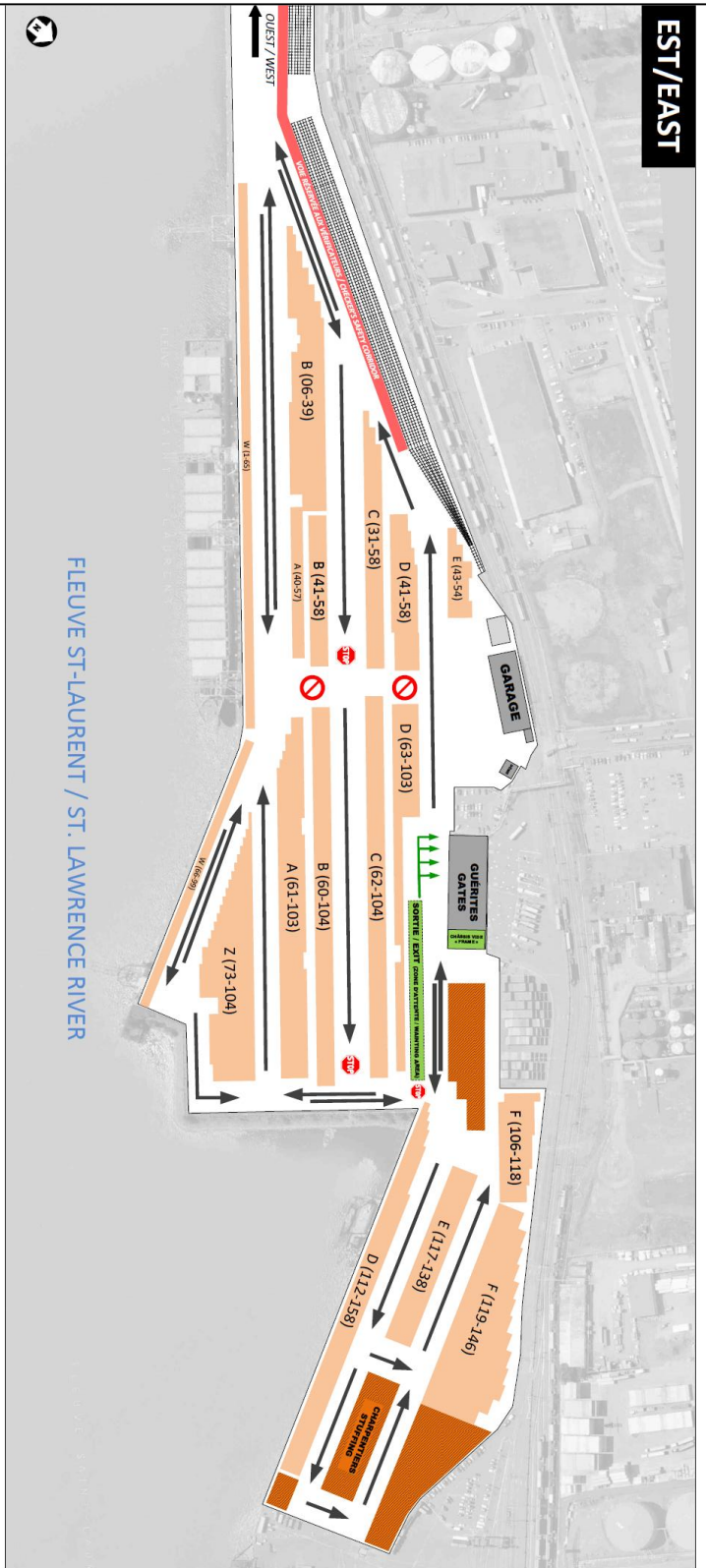
To ensure efficient coordination of your wide load at the terminal, call MGT Security (514-257-3067) as soon as your driver enters the « Port of Montreal Commun Gate ».

3. ACCEPTANCE OF THE HANDBOOK'S DIRECTIVES

Once completed by the designated signatory, this page must be returned to MGTP by email (mgtsecurity@mtrtml.com), by fax (514-789-2619) or in person (MGT Security Office).

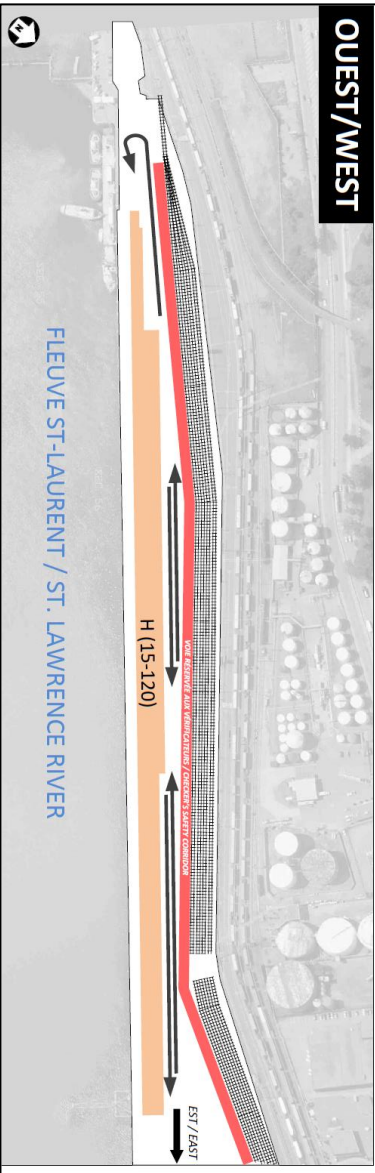
CONSENT FORM		
<p>As designated signatory, I declare I have received and reviewed a copy of the Trucking company Handbook. I understand these directives and I agreed to comply with them. I also acknowledge that non-compliance with these directives may compromise my contractual relationship with MGT.</p>		
COMPANY	FRIST NAME AND FAMILY NAME	SIGNATURE

PLAN DE CIRCULATION / TRAFFIC PLAN



EST/EAST

FLEUVE ST-LAURENT / ST. LAWRENCE RIVER



OUEST/WEST

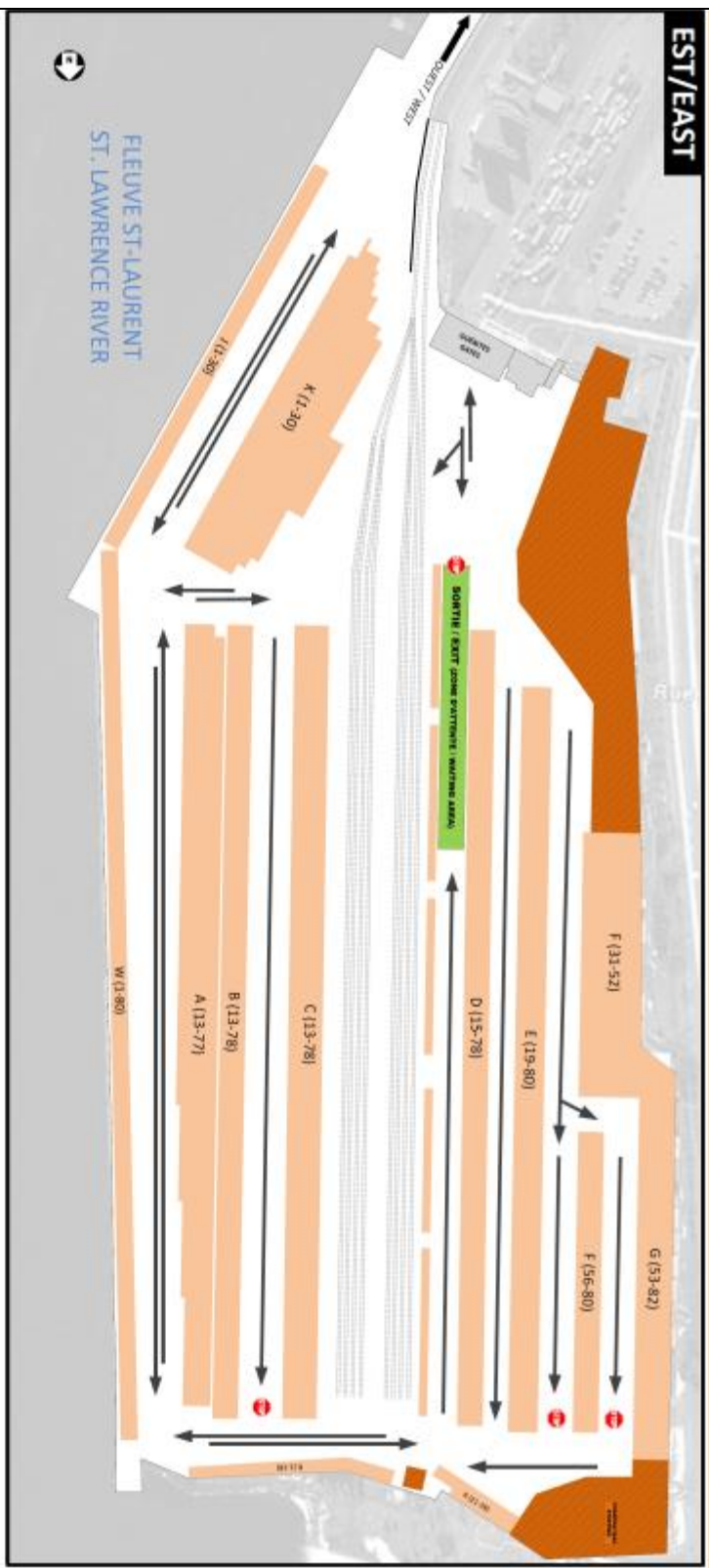
FLEUVE ST-LAURENT / ST. LAWRENCE RIVER

- LÉGENDE / LEGEND**
- ZONE D'ENTREPÔSAGE / STORAGE AREA
 - SENS DE LA CIRCULATION / TRAFFIC DIRECTION
 - VOIES RÉSERVÉES POUR VÉRIFICATEURS/BARRE / SAFETY CONDITIONS FOR CHECKERS/BARRE
 - PASSAGE INTERDIT / NO ENTRY
 - ARRÊT OBLIGATOIRE / MANDATORY STOP

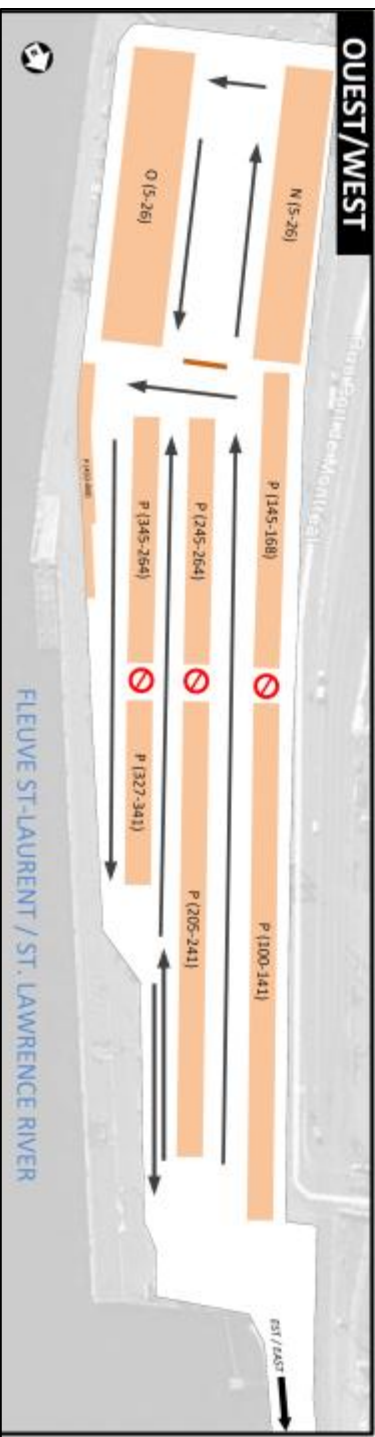
SECTION 62 TERMINAL

DATE : JANVIER 2016

PLAN DE CIRCULATION / TRAFFIC PLAN



- LÉGENDE / LEGEND**
- ZONE D'ENTRÉPOSAGE / STORAGE AREA
 - SENS DE LA CIRCULATION / TRAFFIC DIRECTION
 - PASSAGE INTERDIT / NO ENTRY
 - ARRÊT OBLIGATOIRE / MANDATORY STOP



SECTION 77 TERMINAL

DATE: JANVIER 2016

Parrainage / Sponsorship				
Une Organisation devant exercer des activités dans le port doit être parrainée par une installation portuaire, une installation maritime ou une ligne maritime avec laquelle elle fera affaire sur le port de Montréal. <i>An Organisation to be conducting business in the port must request a sponsorship letter from a port facility, a marine facility or a shipping line with which it will conduct business in the Port of Montreal.</i>				
Parrain portuaire / Port sponsor			# Téléphone / Phone #	
Identification de l'Organisation / Organisation's Identification				
Nom légal de l'organisation / Legal name of organisation			Code SCAC / UIIA	Dossier / File
Description des activités / Business activities				
No	Rue / Street		Ville / City	Province Etat / State
# Téléphone / Phone #		Fax #	Courriel / Email	Web
Code postal / Postal code				
Consentement / Consent				
La (les) personne (s) nommée(s) ci-dessous est (sont) désignée (s) comme le signataire autorisé pour représenter l'Organisation dans toutes les communications écrites se rapportant aux laissez-passer portuaires. Il est entendu que le signataire autorisé est aussi le responsable pour valider et maintenir les dossiers à jour des employés requérant accès au port auprès de l'Administration portuaire de Montréal. <i>The individual (s) named below is (are) designated as authorized signatory to represent the Organisation in all written communications relating to the pass port. It is understood that the designed signatory is also responsible for validating and maintaining an up to date the list of employees requiring access to the port, with the Montreal Port Authority.</i>				
Signataire autorisé / Authorized signatory				
Nom de famille / Name		Prénom / First name		Titre / Title
# Téléphone / Phone #	Fax #	Courriel / Email		
Signature				Date
Nom de famille / Name		Prénom / First name		Titre / Title
# Téléphone / Phone #	Fax #	Courriel / Email		
Signature				Date
Signataire légal de l'Organisation / Organisation's legal signatory				
Nom de famille / Name		Prénom / First name		Titre / Title
# Téléphone / Phone #	Fax #	Courriel / Email		
Signature				Date
Bureau d'enregistrement / Registrar Office				
Adresse de Bureau d'enregistrement des laissez-passer portuaire / Port Pass registrar office address :				Agent / Officer
450 rue de Boucherville, Montréal (QC) Canada H1N 0C6 (Notre-Dame / L-H Lafontaine)				
# Téléphone / Phone #	Fax #	Courriel / Email	WEB	
514-283-0260	514-283-0268	surete-section75@port-montreal.com	www.port-montreal.com	

Identification personnelle / Personal identification					
Nom de famille / Name		Prénom / First name		Dossier / File	
Grandeur / Height	Yeux / Eyes color	Sexe / Sex	Date de naissance / Date of birth		
No	Rue / Street		Ville / City	Province Etat / State	Code Postal / Postal code
# Téléphone / Phone #	Autre / Other	Courriel / Email			
# Permis de conduire / Driver's license #		Expiration	Classes		Province Etat / State
Employeur / Employer					
Nom / Name		Service / Department		# Téléphone / Phone #	
Titre Profession Métier / Title Profession Trade		Statut / Status		Matricule / Employee #	
Superviseur / Supervisor			Courriel / Email		
Véhicule Moteur / Motor Vehicle					
Marque / Make		Modèle / Model	Année / Year	# Plaque / Plate #	
Marque / Make		Modèle / Model	Année / Year	# Plaque / Plate #	
Flotte /Fleet		Propriétaire / Owner			
Compagnie d'assurance / Insurance Company			# Police / Police #	Expiration	
Consentement / Consent					
<p>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:</p> <ol style="list-style-type: none"> 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. 			<p><i>I, the undersigned, acknowledge receipt of the above mentioned Port of Montreal permit, and I undertake to abide by these following conditions:</i></p> <ol style="list-style-type: none"> <i>1. This pass is to be used by myself only and while conducting business in the port.</i> <i>2. This pass shall be worn above the waist, visible at all times and be surrendered to a security agent upon request.</i> <i>3. My vehicle, its content and objects that I am carrying are subject to inspection on port territory.</i> <i>4. A violation to the Montreal Port Authority by-laws may entail the cancellation of this permit without further notice.</i> <i>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.</i> 		
Signature					
Signature du requérant / Applicant's signature				Date	
Nom du signataire autorisé / Authorized signatory's name			Organisation		
Signature Autorisé / Authorized Signature				Date	
Justification					