



Liste des Contacts / Contact List

Bureau / Office

T. 450- 885-3110 / 877-885-3110
F. 450-885-3122 / 877-995-3122

WEB: www.transportstviateur.com

Directeur Général / Général Manager

Michel Laferrière michel@transportstviateur.com
Poste / Ext : 224

Répartition / Dispatchers

General Dispatch Email dispatch@transportstviateur.com

Marc Lafortune repartiteur@transportstviateur.com
Poste / Ext : 233

Evelyne Plante operations@transportstviateur.com
Poste / Ext : 227

Comptabilité / Accounting

Sylvie Champagne sylvie@transportstviateur.com
Poste / Ext : 228

Facturation / Billing

Guyline Guévremont guyline@transportstviateur.com
Poste / Ext : 221

NIR#
R-505508-3

DOT
429888

SVI#
traNor05436

MC#
211783

SCAC code
TSVI

RIN
085-599-735

W9
98-0127733

C-TPAT
45321711

PEP / PIP
11176



S.V.P. Télécopiez au / Please Fax to:
(450) 885-3122

FORMULAIRE DE CRÉDIT / CREDIT APPLICATION

Les informations suivantes sont exigées pour toute ouverture de compte. Toutes les informations seront maintenues confidentielles. S.V.P. Fournir les numéros de télécopieur de vos références de fournisseurs afin de procéder au traitement de votre demande de crédit.

All following information is required in order to extend upon account credit terms. All information will be kept confidential. Providing fax numbers to your business and reference sources will expedite the processing of your credit.

Compagnie / Company:		
Adresse / Address:		
Ville / City:	Province:	Code postal / Postal code:
Téléphone / phone:	Télécopieur / Fax:	
Contact:	Titre / Title:	

RÉFÉRENCES BANCAIRES (CONFIDENTIEL) / BANK REFERENCES (CONFIDENTIAL)

Nom de la Banque / Bank name:	
Adresse de la Banque / Bank Address:	
Ville / City:	Téléphone / phone:
Transit #:	N° compte / Account N°:

3 RÉFÉRENCES DE FOURNISSEURS / 3 SUPPLIERS REFERENCES

1) Compagnie / Company:	
Téléphone / Phone:	Télécopieur / Fax:
2) Compagnie / Company:	
Téléphone / Phone:	Télécopieur / Fax:
3) Compagnie / Company:	
Téléphone / Phone:	Télécopieur / Fax:

S.V.P. NE RIEN ÉCRIRE DANS CET ESPACE / PLEASE DO NOT WRITE IN THIS SPACE

N° de vendeur:	N° de compte:
Reçu par:	Date:
Limite de crédit:	Approuvé par:

Le terme de paiement est de 30 jours net suivant la date de la facturation. Transport St-Viateur Inc. se réserve le droit d'ajouter des intérêts, des honoraires de perception, des coûts de mandataire et de cour à toutes les factures dépassant nos termes de paiement dans le cas qu'une telle action devienne nécessaire. Je suis d'accord sur la libération de toutes les factures dues et j'informerai Transport St-Viateur Inc. 30 jours avant n'importe quel changement ou transfert de propriété. J'autorise Transport St-Viateur Inc., par ceci, l'obtention des informations d'opérations bancaires étant nécessaires pour prolonger les privilèges de crédit de ma compagnie. Ma signature sur cette application indique la considération et l'acceptation de ces limites.

Payment terms are net 30 days from invoice date. Transport St-Viateur Inc. reserves the right to add interest charge, collection fees, and attorney and court cost to all invoices past our terms in the event such action becomes necessary. I agree to clear all outstanding invoices and notify Transport St-Viateur Inc. 30 days prior to any sales or business transfer. I hereby authorize Transport St-Viateur Inc. to obtain whatever banking information is necessary to extend credit privileges to my company. My signature on this application indicates consideration and acceptance of these terms.

Signature(s) du (des) Propriétaire(s) / Owner(s) signature(s):

_____ Titre (s) / Title(s)

_____ Titre (s) / Title(s)

Date: _____



1741 Route 138, St-Cuthbert, Québec T. 450-885-3110 ou 877-885-3122 F. 450-885-3122



Références de Crédit / Credit References

Transport St-Viateur Inc.
1741, Route 138
St Cuthbert, QC
J0K 2C0

Tel: (450) 885-3110
Fax: (450) 885-3122

TPS / GST : 105368468

TVQ / PST : 1001668621

Incorporation Canadienne Juillet 1980 / Canadian Incorporation July 1980

Représentants / Representatives

Éric Riendeau (Président / President)
Éric Sansregret (VP Finance / VP Finance)
Sylvie Champagne (Contrôleure / Controller)
Michel Laferrière (Directeur Général / General Manager)

Institution Financière / Financial Institute

Banque Nationale
777, Notre-Dame
Berthierville, QC
J0K 1A0

Tel: (450) 836-3771
Fax: (450) 836-1979

Succursale # 006 Transit # 02021 Compte / Account # 0253623

Transporteurs / Carriers

Transport Jocelyn Bourdeau Inc.
845, Rue Notre-Dame
St-Chrysostome, QC
J0S 1R0

Tel: (450) 826-1129
Fax: (450) 826-4998

Transport St-Michel
340, Chemin Pigeon
St-Michel-de-Napierville, QC
J0L 2J0

Tel: (450) 454-9973
Fax: (450) 454-2492

Fournisseurs / Suppliers

Les Pièces d'auto M.R. Inc.
125, Rue Iberville
Berthierville, QC
J0K 1A0

Tel: (450) 836-7001
Fax: (450) 836-4147

Techno Diésel
1260, Chemin des Prairies
Joliette, QC
J6E 3Z1

Tel: (450) 759-3709
Fax: (450) 759-9824

Centre du pneu Villemaire
55, rue Grégoire
St-Esprit, QC
J0K 2L0

Tel: (450) 839-7777
Fax: (450) 839-2876


Michel Laferrière
(Directeur Général / General Manager)



GROUPE OSTIGUY & GENDRON

Assurance et Services Financiers
Insurance & Financial Services

1600, boul. Saint-Martin Est, bureau 800, Laval (Québec) H7G 4R8 • (450) 662-2210 • 1-800-662-3313 • Télécopieur : (450) 662-1123

ATTESTATION D'ASSURANCE / INSURANCE ATTESTATION

Cette attestation est émise uniquement à titre de renseignement et ne confère aucun droit à son détenteur et n'engage nullement l'Assureur.

Cette attestation ne modifie, ni ne prolonge la garantie couverte par la police désignée ci-dessous.

This attestation is issued a matter of information only and confers no rights upon the attestation holder and imposes no liability on the insurer.

This attestation does not amend, extend or alter the coverage afforded by the policies below.

DESTINATAIRE / ISSUED TO	ASSURÉ / INSURED
A qui de droit To whom it may concern	Transport St-Viateur inc 1741 Route 138 St-Cuthbert (Québec) J0K 2C0

La présente attestation certifie que les contrats d'assurance ci-après mentionnés ont été émis au nom de l'assuré ci-dessus nommé pour la période de couverture indiquée. Cependant, les garanties couvertes par les contrats décrites aux présentes sont soumises à toutes les modalités, exclusions et conditions desdits contrats, prévalent sur toutes les exigences, modalités ou conditions de tout autre contrat ou document émis en considération de la présente attestation. LES MONTANTS DE PAIEMENT DE RÉCLAMATIONS PEUVENT AVOIR ÉTÉ DÉDUITS DES MONTANTS DE GARANTIE.

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policies period indicated notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

DESCRIPTION DES OPÉRATIONS / DESCRIPTION OF OPERATIONS : Transport de marchandises pour autrui / Common Carrier

CATÉGORIE D'ASSURANCE TYPE OF INSURANCE	ASSUREUR INSURANCE COMPANY	POLICE NO POLICY NO	PÉRIODE DE POLICE INSURANCE PERIOD A/M/J Y/M/D	MONTANT DE GARANTIE LIMITS OF INSURANCE
Responsabilité civile des transporteurs <i>Truckmen's Cargo Liability</i>	Northbridge	2027021	2021-11-25 Au / To 2022-11-25	500 000 \$ CDN Franchise / Deductible 15 000 \$ CDN
Responsabilité civile générale <i>Civil General Liability</i>	Northbridge	CBC0741846	2021-11-25 Au / To 2022-11-25	2 000 000 \$ CDN
Globale Générale « Aggregate »	Northbridge	CBC0741846	2021-11-25 Au / To 2022-11-25	5 000 000 \$ CDN
Responsabilité automobile <i>Automobile Liability</i>	Northbridge	2027021	2021-11-25 Au / To 2022-11-25	2 000 000 \$ CDN
FAQ 27 – Responsabilité civile pour dommages à des véhicules n'appartenant pas à l'assuré (Tracteurs et remorques) / QEF 27 <i>Civil Liability resulting from damage caused to vehicles of which named insured is not the owner (Tractors and trailers)</i>	Northbridge	2027021	2021-11-25 Au / To 2022-11-25	150 000 \$ CDN Franchise / Deductible 15 000 \$ CDN

Date : 2021-11-23
(A/M/J) (Y/M/D)

GROUPE OSTIGUY & GENDRON

Représentant autorisé / Authorized representative

USDOT Number: _____ Date Received: _____

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



Endorsement for Motor Carrier Policies of Insurance for Public Liability under Sections 29 and 30 of the Motor Carrier Act of 1980

FORM MCS-90

Issued to TRANSPORT ST. VIATEUR INC. of Quebec
(Motor Carrier name) *(Motor Carrier state or province)*

Dated at 10:00 pm on this 21st day of November, 2018

Amending Policy Number: 2027021 Effective Date: NOVEMBER 25, 2018

Name of Insurance Company: Northbridge General Insurance Corporation

Countersigned by: [Signature]
(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- This insurance is primary and the company shall not be liable for amounts in excess of \$ 750,000.00 for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 514-843-1157

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the Insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

Fillings must be transmitted online via the Internet at <http://www.fmcsa.dot.gov/urs>.

(continued on next page)

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

Motor Vehicle means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.

Property Damage means damage to or loss of use of tangible property.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)

SCHEDULE OF LIMITS — PUBLIC LIABILITY
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Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (in interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. TRANSPORT ST-VIATEUR INC.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) See instructions. 1741, ROUTE 138	Requester's name and address (optional)
	6 City, state, and ZIP code ST-CUTHBERT, QUEBEC, J0K 2C0 CANADA	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
OR	
Employer identification number	
9 8 - 0 1 2 7 7 3 3	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Michel Lapierre</i>	Date ▶ <i>2021/10/06</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Form **W-8BEN-E**
(Rev. July 2017)
Substitute Form for
Non-FATCA Payments

**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**

►For use by entities. Individuals must use Form W-8BEN.►Section references are to the Internal Revenue Code.
►Go to www.irs.gov/FormW8BENE for instructions and the latest information.
►Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form for:

- FATCA withholdable payments IRS Form W-8BEN-E
- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (Individual) or 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the U.S. (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
- Any person acting as an intermediary W-8IMY

Instead use Form:

- IRS Form W-8BEN-E
- W-9
- W-8BEN (Individual) or 8233
- W-8ECI
- W-8IMY
- W-8ECI or W-8EXP
- W-8IMY

Part I Identification of Beneficial Owner

<p>1 Name of organization that is the beneficial owner Transport St-Viateur Inc.</p>	<p>2 Country of incorporation or organization Canada</p>
<p>4 Chapter 3 Status (entity type) (Must check one box only):</p> <p> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> Central Bank of Issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation <input type="checkbox"/> International organization </p> <p>If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes" complete Part III. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address). 1741, Route 138</p> <p>City or town, state or province. Include postal code where appropriate. Saint-Cuthbert (Quebec) J0K 2C0</p> <p>Country Canada</p>	
<p>7 Mailing address (if different from above)</p> <p>City or town, state or province. Include postal code where appropriate.</p> <p>Country</p>	
<p>8 U.S. taxpayer identification number (TIN), if required 98-0127733</p>	<p>9b Foreign TIN</p>
<p>10 Reference number(s) (see instructions)</p>	

Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)

14 I certify that (check all that apply):

a The beneficial owner is a resident of Canada within the meaning of the income tax treaty between the United States and that country.

b The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):

<input type="checkbox"/> Government	<input type="checkbox"/> Company that meets the ownership and base erosion test
<input type="checkbox"/> Tax exempt pension trust or pension fund	<input type="checkbox"/> Company that meets the derivative benefits test
<input type="checkbox"/> Other tax exempt organization	<input checked="" type="checkbox"/> Company with an item of income that meets active trade or business test
<input type="checkbox"/> Publicly traded corporation	<input type="checkbox"/> Favorable discretionary determination by the U.S. competent authority received
<input type="checkbox"/> Subsidiary of a publicly traded corporation	<input type="checkbox"/> Other (specify Article and paragraph): _____

c The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).

15 Special rates and conditions (if applicable—see instructions):
The beneficial owner is claiming the provisions of Article and paragraph VIII(4)
of the treaty identified on line 14a above to claim a 0 % rate of withholding on (specify type of income): Transportation
Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding:
Canadian resident motor carrier providing international freight services

Part XXX Certification

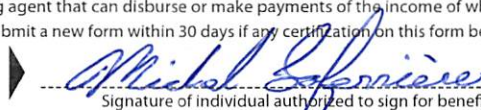
Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income to which this form relates, is using this form to certify its status for chapter 4 purposes, or is a merchant submitting this form for purposes of section 6050W,
- The entity identified on line 1 of this form is not a U.S. person,
- The income to which this form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial owner, or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

Sign Here


Signature of individual authorized to sign for beneficial owner

Michel Laferriere
Print Name

07/22/2021
Date (MM-DD-YYYY)

I certify that I have the capacity to sign for the entity identified on line 1 of this form.



Available Program Memberships

C-TPAT - Customs - Trade Partnership Against Terrorism

C-TPAT is a voluntary public-private sector partnership program which recognizes that CBP can provide the highest level of cargo security only through close cooperation with the principle stakeholders of the international supply chain such as importers, carriers, consolidators, licensed customs brokers, and manufacturers.

The program was established as a direct result of the tragic events of September 11, 2001. It was launched in November 2001 with seven major importers. Today, more than 10,000 partners - critical players in the global supply chain - have been certified as trusted Partners. And over 54% of all imports coming into the United States are C-TPAT certified.

C-TPAT partners who work with CBP to protect their international supply chains are afforded many benefits, including reduced inspections at the port of arrival, expedited processing at the border, and other significant benefits, such as "front of line" inspections and penalty mitigation. C-TPAT status may also be taken into consideration when unforeseen events occur which may result in a disruption or delay of CBP cargo processing.

If you are applying to C-TPAT please submit a completed Company and Security Profile. Existing Program Membership

Business Type	Highway Carrier - U.S. / Canada	CTPAT Account #	45321711
Account Status	Certified, Non-Importer, Validation Completed	Security Profile Status	Reviewed
Certification Date	05/04/2006	Anniversary Date	07/01/2016
SCSS: Name	Amy Wright	SCSS: Office	Buffalo
SCSS: Phone	716-565-3209	SCSS:Email	amy.l.wright@cbp.dhs.gov
Primary POC	Michel Laferriere (Email: michel@transportstviateur.com) Phone: 450-885-3110 (224)		



FAST **EXPRES**

Expéditions rapides et sécuritaires

C'est avec plaisir que je confirme par la présente
que l'entreprise

Transport St-Viateur Inc.

participe au programme **EXPRES** depuis

29 Septembre 2011

et joue ainsi un rôle essentiel pour protéger la frontière
canado-américaine et faciliter les échanges légitimes.

Barbara Mailer

Unité PAD/EXRES Transporteurs
Division des programmes des négociants fiables
Agence des services frontaliers du Canada



Agence des services
frontaliers du Canada

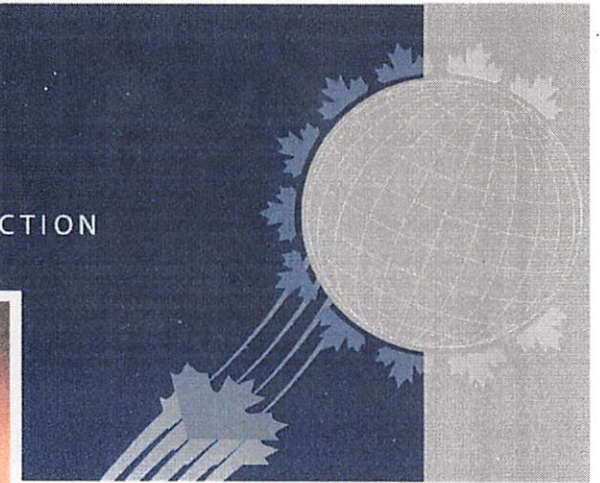
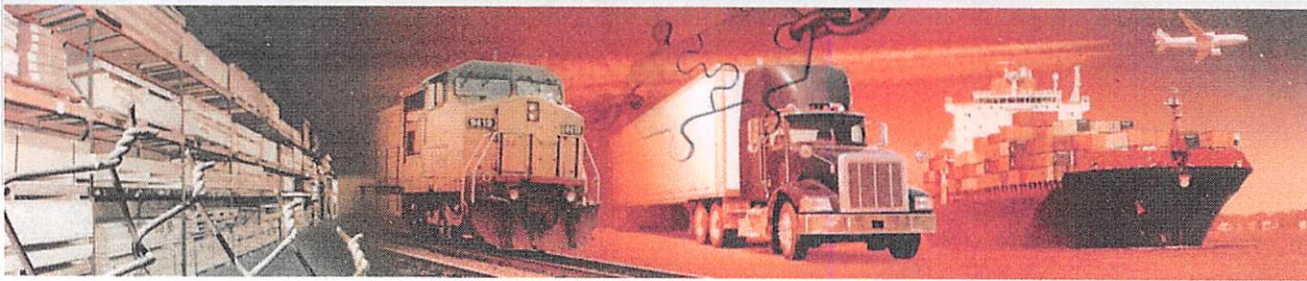
Canada Border
Services Agency



U.S. Customs and
Border Protection

PEP PIP

PARTENAIRES EN PROTECTION PARTNERS IN PROTECTION



Transport St-Viateur Inc.

UN PARTENAIRE CONTRIBUTANT À LA PROTECTION DE LA SOCIÉTÉ
CANADIENNE ET À LA FACILITATION DU COMMERCE LÉGITIME

DIRECTEUR, ÉLABORATION DES PROGRAMMES
AGENCE DES SERVICES FRONTALIERS DU CANADA

Numéro de participant 11176

Date d'accréditation 2010-03-16





Canada Border
Services Agency

Agence des services
frontaliers du Canada



Partners in Protection (PIP)

Site Validation Report

PIP 11176
Transport St-Viateur Inc.
19 July 2017

PROTECTION

SERVICE

INTEGRITY



PROTECTION

SERVICE

INTÉGRITÉ

PROTECTION • SERVICE • INTEGRITY

Canada 

*L'Agence des services frontaliers du
Canada est heureuse de confirmer que*

Transport St-Viateur Inc.

*Participe au Programme d'autocotisation des
douanes depuis 6 Septembre 2011*

Paulo Baumhart

Gestionnaire, Unité PAD/EXPRES transporteurs
Agence des services frontaliers du Canada
Direction des programmes avant l'arrivée à la frontière

8 Septembre 2011

PROTECTION SERVICE

INTEGRITY



PROTECTION SERVICE INTEGRITY INTÉGRITÉ



Canada Border
Services Agency

Agence des services
frontaliers du Canada

Canada

INTERSTATE COMMERCE COMMISSION

DECISION

MC-211783
ST. VIATEUR TRANSPORT INC.
ST. VIATEUR, QUEBEC, CD

SERVICE DATE

JUL 3 - 1989

Reentitled

TRANSPORT ST. VIATEUR INC.
ST. VIATEUR, QUEBEC, CD

Decided: JUNE 27, 1989

ON JUNE 26, 1989 applicant filed a request to have the Commission's records changed to reflect a name change.

It is ordered:

The Commission's records are amended to reflect the carrier's name as
TRANSPORT ST. VIATEUR INC.

If it has not already done so, the carrier must amend (1) its insurance coverage for the protection of the public, (2) its designation of agents upon whom process may be served, and (3) its tariffs of schedules to reflect the new name.

By the Commission.

(SEAL)

Noreta R. McGee
Secretary

cequ' nous avions

SERVICE DATE

OCT 3 1988

**FM-26
(Rev. 10/84)**

INTERSTATE COMMERCE COMMISSION

CERTIFICATE

No. MC 211783

**ST. VIATEUR TRANSPORT INC.
ST. VIATEUR QUEBEC, QD**

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier by motor vehicle.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043); the designation of agents upon whom process may be served (49 CFR 1044); and tariffs or schedules (49 CFR 1300 through 1310, revised). The carrier shall also render reasonably continuous and adequate service to the public. Failure to meet these conditions will constitute sufficient grounds for the suspension, change, or revocation of this authority.

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

For common carriers with irregular route authority: Any irregular route authority authorized in this Certificate may not be tacked or joined with your other irregular route authority unless joinder is specifically authorized.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

(SEAL)

**Kathleen M. King,
Acting Secretary**

NOTE: If there are any discrepancies regarding this document, please notify the Commission within 30 days.

637

No. MC 211783

Page 2

To operate as a common carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except classes A and B explosives, household goods, and commodities in bulk), between points in the U.S. (except AK and HI).



Le 17 janvier 2022

Monsieur Éric Riendeau
Transport St-Viateur inc.
1741, route 138
Saint-Cuthbert (Québec) J0K 2C0

Direction régionale de Lanaudière
432, rue De Lanaudière
Case postale 550
Joliette (Québec) J6E 7N2
Tél. : 450 753-2700 ou 1 800 561-4489
Télec. : 866 331-5886

Numéro d'entreprise du Québec (NEQ) : 1171749832

Objet : Réponse à une demande de validation de conformité - Santé et sécurité du travail

Monsieur,

Pour faire suite à votre demande, sur la foi des renseignements qui nous ont été fournis et après analyse du dossier, nous vous confirmons qu'en date du 17 janvier 2022, votre entreprise est **conforme** à l'égard des obligations suivantes envers la Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESTT) :

- transmettre la déclaration des salaires assurables versés;
- transmettre le ou les bordereaux de paiement selon les modalités prévues;
- effectuer les versements périodiques selon les modalités prévues;
- payer la cotisation due ou respecter une entente de paiement, advenant la présence d'une cotisation due.

À noter que la présente lettre ne dégage pas un donneur d'ouvrage quant au paiement de la cotisation relative à la santé et à la sécurité du travail due par un entrepreneur, et ce, en vertu de l'article 316 de la Loi sur les accidents du travail et les maladies professionnelles. Seule une attestation de conformité, demandée à la fin des travaux, est valable à cet égard.

Nous vous invitons à communiquer avec nous si vous avez besoin de renseignements supplémentaires à ce sujet.

Nous vous prions d'agréer, Monsieur, nos salutations distinguées.

Direction de la cotisation
des employeurs

MUTUELLES DE PRÉVENTION

LA CNESST ATTESTE QUE

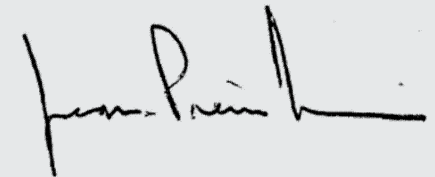
Transport St-Viateur inc.

EST MEMBRE D'UNE MUTUELLE
DE PRÉVENTION POUR L'ANNÉE

2022

16 janvier 2022

Date



Jean-Pierre Maurais, directeur du Service à la grande entreprise
et aux mutuelles de prévention

