

**WESTERN CANADA MARINE RESPONSE CORPORATION**

P.O. Box 82070, Burnaby, BC V5C 5P2  
(Deliveries: 201 Kensington Avenue, Burnaby, BC V5B 4B2)  
Emergency Contact No.: (604) 294-9116

Contract No.

**JUAN DE FUCA  
SHIP (NON-BULK OIL) MEMBERSHIP AGREEMENT  
AND CONFIRMATION OF ARRANGEMENT  
(UNDER SUBSECTION 167 (1) OF CANADA SHIPPING ACT, 2001)**

UPON SIGNING THIS AGREEMENT YOU WILL HAVE AN ARRANGEMENT FOR PURPOSES OF THE CANADA SHIPPING ACT, 2001, BUT THIS ARRANGEMENT WILL ONLY ENTITLE YOU TO TRANSIT THE CANADIAN WATERS OF THE JUAN DE FUCA STRAIT. THIS ARRANGEMENT DOES NOT PERMIT YOU TO CALL AT A CANADIAN PORT; OR TO TRANSIT ANY OTHER CANADIAN WATERS. THIS AGREEMENT IS BEING OFFERED BY WESTERN CANADA MARINE RESPONSE CORPORATION, ACTING IN CONCERT WITH WASHINGTON STATE MARITIME COOPERATIVE AND WITH THE COOPERATION OF THE BRITISH COLUMBIA CHAMBER OF SHIPPING, AS AN INTERIM SOLUTION PENDING THE COMPLETION OF A RECIPROCITY AGREEMENT CURRENTLY UNDER DISCUSSION BETWEEN THE CANADIAN AND U.S. GOVERNMENTS. ALL FEES OTHERWISE PAYABLE FOR AN ARRANGEMENT SATISFYING CANADA SHIPPING ACT, 2001 REQUIREMENTS ARE, FOR THE LIMITED PURPOSES DESCRIBED IN THIS AGREEMENT, WAIVED.

\_\_\_\_\_  
(Ship Owner)

\_\_\_\_\_

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Person Authorized to Implement Arrangement)

\_\_\_\_\_  
(Address of Person Authorized to Implement Arrangement)

\_\_\_\_\_  
(E-mail of Person Authorized to Implement Arrangement)

\_\_\_\_\_  
(Telephone No. of Person Authorized to Implement Arrangement)

\_\_\_\_\_  
(Facsimile No. of Person Authorized to Implement Arrangement)

Unless otherwise terminated for the reasons set forth in the attached terms and conditions, this Agreement shall in respect of the above-named ship commence on the Effective Date and continue in effect for one (1) year. There is no automatic renewal of this Agreement at the end of the one (1) year term.

**THE TERMS AND CONDITIONS OF THIS ARRANGEMENT ARE SET FORTH BELOW AND CONSTITUTE AN INTEGRAL PART OF THE AGREEMENT BETWEEN WESTERN CANADA MARINE RESPONSE AND OWNER.**

**WESTERN CANADA MARINE RESPONSE CORPORATION**

By: \_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

Ship Name: \_\_\_\_\_

Official Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Term of Coverage: 1 year

**WESTERN CANADA MARINE RESPONSE'S GAR**

**Geographic Area of Response**

For purposes of this Agreement, Western Canada Marine Response's GAR means the Waters bordering the Province of British Columbia (including the shorelines associated with such Waters), the inland Waters of British Columbia, and excluding Waters north of the 60<sup>th</sup> parallel of latitude. GAR means the geographic area of response within which a response organization intends to offer its services.

This Agreement confirms that, effective upon the execution of this Agreement by both Western Canada Marine Response Corporation, ("Western Canada Marine Response") and Ship Owner/Operator/Authorized Agent, Ship Owner ("Owner") shall, in accordance with the terms of Subsection 167 (1) of the *Canada Shipping Act, 2001* as amended (the "Act"), have an arrangement with Western Canada Marine Response, a certified response organization with a 10,000 tonne rated capability.

\_\_\_\_\_  
(Ship Owner/Operator/Authorized Agent)

By: \_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

**SCHEDULE A**  
**JUAN DE FUCA SHIP (NON-BULK OIL) MEMBERSHIP AGREEMENT**  
**ADDITIONAL ARRANGEMENT FORM**

This document is Schedule A to the Juan de Fuca Ship (Non-Bulk Oil) Membership Agreement and Confirmation of Arrangement under Subsection 167(1) of *Canada Shipping Act, 2001* (the "Agreement") between \_\_\_\_\_ ("Member") and Western Canada Marine Response Corporation (WCMRC) Contract No. \_\_\_\_\_.

This Schedule is incorporated into and forms an integral part of the Agreement. The parties agree that an arrangement shall be granted by WCMRC in respect of the following ships, and that in all other respects, the terms of the Agreement shall apply to such ships:

<b>Ship Name(s)</b>	<b>Person(s) Authorized to Implement Arrangement</b>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____
10. _____	10. _____

**Term of Coverage**

Effective Date of Arrangement(s): \_\_\_\_\_

End Date: \_\_\_\_\_

Notwithstanding any of the terms of the Agreement and the provisions of this Schedule, the arrangements to be provided by WCMRC to Member shall be subject to payment of all outstanding Western Canada Marine Response Fees and Taxes (as such terms are defined in the Agreement) owed under the Agreement.

**WESTERN CANADA MARINE RESPONSE CORPORATION**

By: \_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Ship Owner/Operator/Authorized Agent)

By: \_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

**SCHEDULE B**

**SATISFACTORY EVIDENCE AS PROOF OF NON-RESIDENCE  
AND NON-REGISTRATION FOR GST/HST PURPOSES**

I, \_\_\_\_\_,  
(name and title of authorized individual)

of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (name and complete legal address of person, other than individual)

certify that \_\_\_\_\_  
(name of person, other than individual)

is **not** resident in Canada for purposes of the *Excise Tax Act* and that

\_\_\_\_\_ (name of person, other than individual)

is **not** registered under the Act.

Where applicable, I agree to advise the **Chamber of Shipping of British Columbia** (as Agent for Western Canada Marine Response Corporation) #100 – 1111 West Hastings Street, Vancouver, BC V6E 2J3, in the event there is any change to the residence status of

\_\_\_\_\_ (name of person, other than individual)

or should \_\_\_\_\_  
(name of person, other than individual)

become registered for purposes of the *Excise Tax Act*.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Title

**SCHEDULE 2**  
(Section 167 (1)(b))

**DECLARATION FOR A SHIP THAT IS IN WATERS  
SOUTH OF THE SIXTIETH PARALLEL OF NORTH LATITUDE**

Pursuant to subparagraph 167(1)(b)(i) of the *Canada Shipping Act, 2001*, I declare that

(a) with respect to pollution insurance coverage, the ship's insurer is:

\_\_\_\_\_  
(Name, address, phone number)

(b) in accordance with paragraph 167(1)(a) of the *Canada Shipping Act, 2001*, I have an arrangement with the certified response organization known as:

WESTERN CANADA MARINE RESPONSE CORPORATION

\_\_\_\_\_  
(Name, address, phone number)

(c) the arrangement is in respect of 10,000 tonnes of oil and in respect of the following waters: \_\_\_\_\_

(waters in which the ship is operating)

(d) pursuant to subparagraph 167(1)(b)(iii) of the *Canada Shipping Act, 2001*

i. the following persons are authorized to implement the arrangement described in paragraph (b):

\_\_\_\_\_  
(Name, telephone, fax and email)

\_\_\_\_\_  
(Name, telephone, fax and email) (attach addition pages if required)

ii. the following persons are authorized to implement the shipboard oil pollution emergency plan required by section 27 of the Vessel Pollution & Dangerous Chemical Regulations, SOR/2012-69.

\_\_\_\_\_  
(Name, telephone, fax and email)

\_\_\_\_\_  
(Name, telephone, fax and email) (attach addition pages if required)

\_\_\_\_\_  
(Signed by Owner/Operator)

\_\_\_\_\_  
(Date)