

FORM A: QUALIFICATION APPLICATION
(See B7)

1. Project Title REQUEST FOR QUALIFICATIONS FOR THE PROVISION OF MINOR BUILDING REPAIR AND MODIFICATIONS

2. Applicant

Name of Applicant

Street

City

Province

Postal Code

3. Contact Person

The Applicant authorizes the following contact person to represent the Applicant for purposes of the Application.

Contact Person

Title

Telephone Number

Facsimile Number

4. Request

I/We wish to be considered as a pre-qualified Bidder for the Provision of Minor Building Repair and Modifications for the City of Winnipeg.

5. Qualification

I/We have completed Form B: Qualification Questionnaire, appended hereto.

6. Addenda

I/We certify that the following addenda have been received and agree that they shall be deemed to form part of this Request for Qualifications.

No. _____

Dated _____

No. _____

Dated _____

No. _____

Dated _____

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7. Signatures

In witness whereof the Applicant or the Applicant's authorized official or officials have signed this

_____ day of _____, 20_____.

Signed and sealed in
The presence of:

Signature of Applicant or
Applicant's Authorized Official or Officials

(Witness)

(Print here name and official capacity of individual whose signature appears above)

(Witness)

(Print here name and official capacity of individual whose signature appears above)

SEAL

FORM B: QUALIFICATION QUESTIONNAIRE

REQUEST FOR QUALIFICATIONS FOR THE PROVISION OF MINOR BUILDING REPAIR AND MODIFICATIONS

1. Construction experience of principals and key individuals of this organization who will be performing the Work: (B9.3)

Name	Journeyman Carpenter Yes/No	Years Experience (Min. 2 yrs required)

(a) Note: Applicants may attach a statement of experience, for each person, on a separate page.

2. Construction projects performed during the past five (5) years (may include current projects in progress).

Project & Location: _____

Description:

Project Value: _____

Owner: _____ Date Completed: _____

Contact: _____ Phone No. _____ Fax No. _____

Consultant (architect, engineer, etc): _____

Contact:

_____ Phone: _____

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Project & Location: _____

Description:

Project Value: _____

Owner: _____ Date Completed: _____

Contact: _____ Phone No. _____ Fax No. _____

Consultant (architect, engineer, etc): _____

Contact:

_____ Phone: _____

Project & Location: _____

Description:

Project Value: _____

Owner: _____ Date Completed: _____

Contact: _____ Phone No. _____ Fax No. _____

Consultant (architect, engineer, etc): _____

Contact:

_____ Phone: _____

3. Does this organization have an approved Health and Safety program in accordance with The Workplace Safety & Health Act (Manitoba)?

Yes / No

If Yes, Applicants may include information on their Health and Safety Program on a separate sheet of paper.

4. State whether this organization wants to be considered for Work in:

- All City of Winnipeg facilities including Winnipeg Police Services (WPS) facilities in accordance with D7
- City of Winnipeg facilities only (not including WPS facilities) in accordance with D6

Note: Applicants should read and understand D7 and D8 before completing Number 4 above.