

7. Signatures

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

_____ day of _____, 20_____ .

Signature of Applicant or
Applicant's Authorized Official or Officials

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

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

FORM B: QUALIFICATION QUESTIONNAIRE

**REQUEST FOR QUALIFICATIONS FOR THE PROVISION OF MINOR HEATING AND AIR
 CONDITIONING MAINTENANCE AND MODIFICATIONS**

1. Construction experience of principals and key individuals of this organization who will be performing the Work: (B9.4)

Name	Journeyman Commercial Refrigeration & Air Conditioning Mechanic Yes/No	Years Experience (Min. 2 yrs required)

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

2. Construction projects performed during the past 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: _____

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: _____

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3. List a minimum of three (3) non City of Winnipeg client references of relevant projects with the name of organization, project name, contact name(s), telephone numbers and E-mail addresses (if email address is available).

Organization	Project Name	Contact Name	Telephone	E-mail

4. Does this organization have an approved Health and Safety program with Workplace Safety & Health?

Yes / No (circle one)

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

5. State whether the Applicant's organization would wish to be considered for Work in:

- All City of Winnipeg facilities, including Winnipeg Police Services (WPS) facilities. (D9 & D10)
 City of Winnipeg facilities only (not including WPS facilities).(D9)

Note: Applicants should read and understand D9 and D10 before completing Number 5 above.