



5. Definitions All capitalized terms used in the Contract shall have the meanings ascribed to them in the General Conditions.

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

7. Addenda The Applicant certifies that the following addenda have been received and agrees that they shall be deemed to form a part of the Contract:

No.	_____	Dated	_____
	_____		_____
	_____		_____

8. 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 WORK ON PRIVATE SEWER SERVICES IN ACCORDANCE WITH SECTION 37 OF SEWER BY-LAW 92/2010**

1. Related experience of principals and key personnel of this organization who will be performing the Work (B10.4)

Name	Licenced Sewer and Water Contractor Yes/No	Years Experience

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

2. Sewer 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: \_\_\_\_\_

Project & Location: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

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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: \_\_\_\_\_

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 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.