

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 QUALIFICATION 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 (B11.4)

Name	Licensed 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: _____

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. 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.

5. In accordance with B9.4, does this organization have the Certificate of Recognition (COR), SECOR or a report or letter to that effect from an independent reviewer acceptable to the City.