

### FORM A: REQUEST FOR INFORMATION APPLICATION

1. Document Title RENTAL OF SELF CONTAINED BREATHING APPRATUS FOR TRIAL AND EVALUATION

2. Respondent

\_\_\_\_\_  
Name of Respondent

\_\_\_\_\_  
Usual Business Name of Respondent (if different from above)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Email Address of Respondent

\_\_\_\_\_  
Facsimile Number

(Mailing address if different)

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
GST Registration Number (if applicable)

(Choose one)

The Respondent is:

a sole proprietor

a partnership

a corporation

carrying on business under the above name.

3. Contact Person

The Respondent hereby authorizes the following contact person to represent the Respondent for purposes of the Information Submission.

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

4. Addenda

The Respondent certifies that the following addenda have been received and agrees that they shall be deemed to form a part of the Information Submission:

No.	_____	Dated	_____
	_____		_____
	_____		_____

5. Indigenous Self-Declaration

The City is requesting that Respondents identify if their business is at least 51% owned by one or more Indigenous persons of Canada.

YES, 51% or more Indigenous ownership

NO, it is not

This information is being gathered for statistical purposes only and will not be used for purposes of evaluation.

6. Signatures

The Respondent or the Respondent's authorized official or officials have signed this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Respondent or  
Respondent'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: PRICES**  
 (See B15.2)

**UNIT PRICES**

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. QUANTITY	Weekly Rental Rate
1.	Self -Contained Breathing Apparatus (SCBA)	B16.4(a)	each	2	
2.	SCBA cylinders	B16.4(b)	each	6	
3.	SCBA Face Piece	B16.4(c)	each	8	
4.	Cylinder refill capacity (as required)	B16.4(d)	each	1	
5.	Batteries	B16.4(e)	each	3	
6.	Additional Accessories (list below)	B16.4(f)			
a.			each	2	
b.			each	2	
c.			each	2	
d.			each	2	
e.			each	2	
f.			each	2	

\_\_\_\_\_  
 Name of Proponent