

**PART A**

**BID SUBMISSION**

**FORM A: BID**  
(See B7)

1. Project Title PROVISION OF HOURLY RATES FOR HIRED EQUIPMENT AND  
DUMP TRUCKS 2004 - 2005 SNOW SEASON

2. Bidder

\_\_\_\_\_  
Name of Bidder

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

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

(Mailing address if different)

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

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

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

The Bidder is:

(Choose one)

a sole proprietor

a partnership

a corporation

carrying on business under the above name.

3. Contact Person

The Bidder hereby authorizes the following contact person to represent  
the Bidder for purposes of the Bid.

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

\_\_\_\_\_  
Title

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

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

4. Definitions

All capitalized terms used in the Contract shall have the meanings  
ascribed to them in the General Conditions and D3 unless the context  
otherwise requires.

5. Offer

The Bidder hereby offers to perform the Work in accordance with the  
Contract for the Price(s), in Canadian funds, set out on Form B: Prices,  
appended hereto.

6. Commencement  
of the Work

The Bidder agrees that no Work shall commence until he is in receipt of  
a Purchase Order authorizing the commencement of the Work.

7. Contract

The Bidder agrees that the Bid Opportunity in its entirety shall be deemed to be incorporated in and to form a part of this offer notwithstanding that not all parts thereof are necessarily attached to or accompany this Bid Submission.

8. Addenda

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

No. _____	Dated _____
_____	_____
_____	_____

9. Time

This offer shall be open for acceptance, binding and irrevocable for a period of thirty (30) Calendar Days following the Submission Deadline.

10. Signatures

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

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

Signed and sealed in  
the presence of:

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Witness)

Signature of Bidder or  
Bidder'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)

SEAL



**CITY OF WINNIPEG BID OPPORTUNITY # 419-2004  
HIRED SNOW REMOVAL AND EQUIPMENT RATE FORM  
FOR THE 2004-2005 SNOW SEASON**

**FORM "B"**

Page \_\_\_ of \_\_\_\_

NOTE: All applicable columns MUST be completed, or Bid Opportunity may not be considered!

Class Code	Unit Number/ License Plate	City Unit Number	Make	Model	Serial Number	Year of Manuf.	SAE or Drawbar H.P.	Dozer Blade Width	Attachments Wings, V Plows	Price Per Hour		
										A	B	C

Contractor or Company Name:			Workers Compensation Registration Number:			
Address:						
City	Province	Postal Code	Goods & Services Tax Registration No.			<b>DUE TO CALL FORWARDING ONLY TWO NUMBER PER COMPANY</b>
Name of Registered Owner of Equipment:						
<b>ABOVE STATEMENTS ARE TRUE</b>						<b>NB. Only <u>ONE</u> Phone No. to be Supplied.</b>
Signature of Equipment Owner or Company Official:						Contact Person Regarding Accident or Damage Claims: Name: Phone Number:
Print Name:                      Signature:		*MUST BE SUBMITTED ON BID SHEET OR BID COULD BE REJECTED				
Date:		*MUST BE FILLED OUT COMPLETELY AND CLEARLY				



**CITY OF WINNIPEG BID OPPORTUNITY # 419-2004**  
**PROVISION OF HOURLY RATES FOR HIRED SEMI-TRAILER DUMP TRUCKS FOR THE PUBLIC WORKS DEPARTMENT**  
**FOR THE 2004 - 2005 SNOW SEASON**

NOTE: All applicable columns MUST be completed, or Bid Opportunity may not be considered!

Class Code	Trailer License Plate	City Unit Number	Make	Trailer Length HINGE PIN TO TOP FRONT INSIDE CORNER	Trailer Height Ground TO Top of Plank PASSENGER SIDE	Price Per Hour

Contractor or Company Name:		Workers Compensation Registration Number:		
Address:				
City	Province	Postal Code	Goods & Services Tax Registration No.	<b>DUE TO CALL FORWARDING ONLY <u>ONE NUMBER PER COMPANY:</u></b>
Name of Registered Owner of Equipment:				
<b>ABOVE STATEMENTS ARE TRUE</b>			<b>MUST BE FILLED OUT CLEARLY AND COMPLETELY</b>	<b>NB. Only One Phone No. to be Supplied.</b>
Signature of Equipment Owner or Company Official:				Contact Person Regarding Accident or Damage Claims:
Print Name: _____				Name:
Signature: _____				Phone Number:
Date:				