PART A BID SUBMISSION

FORM A: BID (See B7)

1.	Project Title		JRLY RATES FOR HIRED – 2005 CONSTRUCTION SE	
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 u	nder the above name.	
3.	Contact Person	The Bidder hereby aut	horizes the following contact s of the Bid.	person to represent
		Contact Person	Title	
		Telephone Number	Facsimile Number	
4.	Definitions		used in the Contract shall e General Conditions and D	
5.	Offer		ers to perform the Work in Bid Price, in Canadian funds to.	
6.	Commencement of the Work		t no Work shall commence u orizing the commencement o	

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
		, 20
	Signed and sealed in the presence of:	Signature of Bidder or Bidder's Authorized Official or Officials
	(Witness)	
		(Print here name and official capacity of individual whose signature appears above)
	(Witness)	
		(Print here name and official capacity of individual whose signature appears above)

APPENDIX "A"

PROVISION OF HOURLY RATES FOR HIRED EQUIPMENT FOR THE 2004 - 2005 CONSTRUCTION SEASON

of Page

INCLUDE COVER SHEET

L Price MENTS Per PPERS Hour TERS)	RESIDENTIAL PHONE NO.			ge Claims:
SPECIAL ATTACHMENTS (EG.RIPPERS) SCARIFIERS)	RESIDE			ident or Dam∈
BUCKET WIDTHS BACKHOES	OFFICE TELEPHONE NUMBER NAME (Please Print)			Contact Person Regarding Accident or Damage Claims: Name: Phone Number:
DIGGIN G DEPTH	FFICE TELE NAME (1			Contact Perso Name: Phone Number:
STRUCK BUCKET CU.YD. CAPACIT Y	0			
SAE OR DRAWBA R H.P.				rthis Appendix. Plea cks use Appendix E could be rejected rly
YEAR OF MANU.	mber:		Number	d on this A Trucks use id could learly
Serial		Goods & Services Tax Registration No.	Excavation Contractor's Registation Number #	N.B. Street Sweepers and Trucks not to bid on this Appendix. Please use Appendix B.C.D. for Street Sweepers Trucks use Appendix E *must be submitted on bid sheet or bid could be rejected *must be filled out completely and clearly
Model		Postal Code	865	pany Official: Signature:
Маке		1	quipment:	or Compan Sig
Unit Number	y Name:	Province	TRUE wner of E	nt Owner
CONIKACIOR 'S UNIT NUMBER	Contractor or Company Name: Address:	Pro	ABOVE STATEMENTS ARE TRUE Name of Registered Owner of Equipment:	Signature of Equipment Owner or Company Official: Print Name: Date:
Code	Contract	City	BOVE ST ame of	Signature o Print Name: Date:

Vinnined

CITY OF WINNIPEG BID OPPORTUNITY 74-2004 PROVISION OF HOURLY RATES FOR HIRED EQUIPMENT FOR THE 2004 - 2005 CONSTRUCTION SEASON STREET SWEEPING-SPRING CLEAN-UP

Page _____ of

APPENDIX "B"

INCLUDE COVER SHEET

Mode:	Serial Number				Workers Compensation Registration Number:	& Services Tax Registration No.		N.B. Equipment use Appendix A. Trucks use Appendix E	* must be submitted on bid sheet or bid could be rejected * must be filled out completely and clearly	[445] 43 5 E
Make Postal C nany Offici					Wor	Postal Code Goo			Signature: * m	
Code (NUMBER Number Signature of Equipment Owner or Company Official:					Name:	ince	RUE ner of Equipment	Owner or Compa	S	

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PROVISION OF HOURLY RATES FOR HIRED EQUIPMENT FOR THE 2004 - 2005 CONSTRUCTION SEASON STREET SWEEPING-REGULAR AND FALL

Page of

APPENDIX "C"

INCLUDE COVER SHEET

Price Per Hour						RESIDENTIAL PHONE NO.			Claims:		
TYPE OF TRANSMISSION						RESIDENTI			Contact Person Regarding Accident or Damage Claims:		
YEAR OF MANU.					OFFICE TELEPHONE NUMBER	(Please Print)			erson Regarding		ber:
					OFFICE TE	NAME			Contact P	Name:	Phone Number:
Serial Number					Workers Compensation Registration Number:		Goods & Services Tax Registration No.		N.B. Equipment use Appendix A Trucks use Appendix E.	it be submitted on bid sheet or bid could be rejected.	* must be filled out completely and clearly.
Model					Worke		spoob		N.B. 1	snm *	8nm *
Маке							Postal Code	ment:	Company Official:	Signature:	
City Unit Number					Name:		ince	TRUE ner of Equipment:	t Owner or C		
CONTRACTOR 'S UNIT		2			Contractor or Company Name:	***	Province	ABOVE STATEMENTS ARE TRUE Name of Registered Owner	Signature of Equipment Owner or	ате:	
Class					Contract	Address:	City	ABOVE ST	Signatur	Print Name:	Date:

Winnipeg Winnipeg

CITY OF WINNIPEG BID OPPORTUNITY 74-2004 PROVISION OF HOURLY RATES FOR HIRED EQUIPMENT FOR THE 2004 - 2005 CONSTRUCTION SEASON STREET SWEEPING-CENTRALIZED SEVICES

Page _____ of

APPENDIX "D"

INCLUDE COVER SHEET

Code 'S UNIT NUMBER	On City Unit Number	Маке	Mode1		Serial Number	YEAR OF MANU.		TYPE OF TRANSMISSION	Price Per Hour
Contractor or Company Name:	pany Name:		W	orkers Compensation	Workers Compensation Registration Number:	OFFICE TELEPHONE NUMBER	NUMBER		
Address:						NAME (Please	(Please Print)	RESIDENTIAL PHONE NO	HONE NO.
City	Province	Postal Code		Goods & Services Tax Registration No.	Registration No.				
E STATEMENTS : of Registered	ABOVE STATEMENTS ARE TRUE Name of Registered Owner of Equipment:	pment:							
Signature of Equip	pment Owner or	of Equipment Owner or Company Official:		.B. Equipment use App	N.B. Equipment use Appendix A Trucks use Appendix E	Contact Person R	egarding Acci	Contact Person Regarding Accident or Damage Claims:	:sw
Print Name: Date:		Signature:	* *	must be submitted omest be filled out	* must be submitted on bid sheet or bid could be rejected. * must be filled out completely and clearly.	Name: Phone Number:			

Winnipeg

PROVISION OF HOURLY RATES FOR HIRED DUMP TRUCKS FOR THE 2004 - 2005 CONSTRUCTION SEASON

of Page

APPENDIX "E"

INCLUDE COVER SHEET

Price Per Hour			RESIDENTIAL PHONE NO.			Damage Claims:		
Single Axle & Tandem Axle length of overhand from end of frame		HONE NUMBER	(Please Print) RE			Contact Person Regarding Accident or Damage Claims:		200
from ground to top of box		OFFICE TELEPHONE NUMBER	NAME (P)				cted. Name:	Phone Number:
Serial Mumber fro		stration Number:		stration No.		N.B. Equipment use Appendix A Street Sweepers use Appendix B.C.D.	d sheet or bid could be rejected. Jetely and clearly.	
Model		Workers Compensation Registration Number:		Goods & Services Tax Registration No.		B. Equipment use Appendix	B,C,D. * must be submitted on bid sheet or bid coul * must be filled out completely and clearly.	
Make		Wo						
City Unit Number				Postal Code	Equipment:	Com	Signature:	
Truck License Plate Number		Contractor or Company Name:		Province	ABOVE STATEMENTS ARE TRUE Name of Registered Owner of Equipment:	Signature of Equipment Owner or		
Code		Contractor	Address:	City	ABOVE STAT Name of Re	Signature	Print Name:	