FORM A: QUALIFICATION APPLICATION

(See B6)

1.	Project Title	REQUEST FOR QUALIFICATIONS FOR THE PROVISION OF MINOR HEATING AND AIR CONDITIONING MAINTENANCE AND MODIFICATIONS		
2.	Applicant			
		Name of Applicant		
		Street		
		City Province Postal Code		
3.	Contact Person	The Applicant hereby authorizes the following contact person to represent the Applicant for purposes of the Bid.		
		Contact Person Title		
		Telephone Number Facsimile Number		
4.	Request	I/We wish to be considered as a pre-qualified Bidder for the Provision of Minor Heating and Air Conditioning Maintenance & Modifications for the City of Winnipeg.		
5.	Qualification	I/We have completed Form B: Qualification Questionnaire, appended hereto.		
6.	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		

In witness whereof the officials have signed thi		e Applicant's auth	norized official or
	_ day of		, 20
Signature of Applicant of Applicant's Authorized of Applicant's Authorized of Applicant's Authorized of Applicant of Appli		als	
(Print here name and official of	capacity of individua	ıl whose signature app	pears above)
(Print here name and official	capacity of individua	ıl whose signature an	nears above

FORM B: QUALIFICATION QUESTIONNAIRE

REQUEST FOR QUALIFICATIONS FOR THE PROVISION OF MINOR HEATING AND AIR CONDITIONING MAINTENANCE AND MODIFICATIONS

 Construction experience of principals and key individuals of this organization who will be performing the Work: (B9.4)

	Name	Journeyman Comn Refrigeration & Conditioning Mec Yes/No	Air	Years Experience (Min. 2 yrs required)
	(a) Note: Applicants may attach a st separate page.	atement of experience	e, for eac	h person listed, on a
2.	Construction projects performed during the pa	ast 5 years (may includ	de curren	t 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 Complet	ed:	
Contact:	Phone No		Fax No	
Consultant (architect, eng	gineer, etc):			
Contact:		Phone:		
Project & Location:				
Description:				
Project Value:				
Owner:		Date Complet	ed:	
Contact:	Phone No		Fax No	
Consultant (architect, eng	gineer, etc):			
Contact:		Dhono:		

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.		es this organization have an approved Health and Safety program with Workplace Safety & alth?
	Yes	s / No (circle one)
		es, Applicants may include information as to the Health and Safety Program on a separate sheet paper.
5.	Sta	te whether the Applicant's organization would wish to be considered for Work in:
		All City of Winnipeg facilities, including Winnipeg Police Services (WPS) facilities. (D9 & D10)
		City of Winnipeg facilities only (not including WPS facilities).(D9)
No	te:	Applicants should read and understand D9 and D10 before completing Number 5 above.