

FORM A: QUALIFICATION APPLICATION
(See B6)

1. Contract Title REQUEST FOR QUALIFICATIONS FOR THE PROVISION OF DOOR
REPAIR AND INSTALLATION

2. Applicant

Name of Applicant

Street

City

Province

Postal Code

Facsimile Number

(Mailing address if different)

Street or P.O. Box

City

Province

Postal Code

3. Contact Person

The Applicant 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 Door Repair and Installation 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 _____

7. 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)

SEAL

FORM B: QUALIFICATION QUESTIONNAIRE

REQUEST FOR QUALIFICATIONS FOR THE PROVISION OF DOOR REPAIR AND INSTALLATION

1. Maintenance/Repair experience of principals and key personnel of this organization who will be performing the Work: (B9.4)

Name	Professional Designation	Years Experience (Min. 2 yrs required)

(a) Note: Applicants may attach a statement of experience, for each person, on a separate page.

2. Door 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 (circle one)

If Yes, Applicants may include information on their Health and Safety Program on a separate sheet of paper.