

FORM A: QUALIFICATION APPLICATION
(See B6.5)

1. Project Title REQUEST FOR QUALIFICATIONS FOR THE DEMOLITION OF SMALL BUILDINGS

2. Applicant

Name of Applicant

Street

City

Province

Postal Code

e-mail address

3. Contact Person

The Applicant authorizes the following contact person to represent the Applicant for purposes of the Application.

Contact Person

Title

Telephone Number

Facsimile Number

4. Request

I/We wish to be considered as a pre-qualified Bidder for the Demolition of Small Buildings for the City of Winnipeg.

5. Qualification

I/We have completed Form B: Qualification Questionnaire, appended hereto.

6. Addenda

I/We certify that the following addenda have been received and agree that they shall be deemed to form part of this Request for Qualifications.

No. _____ Dated _____

No. _____ Dated _____

No. _____ Dated _____

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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)

FORM B: QUALIFICATION QUESTIONNAIRE

REQUEST FOR QUALIFICATIONS FOR THE DEMOLITION OF SMALL BUILDINGS

1. Demolition experience of principals and key individuals of this organization who will be performing the Work: (B9.3)

Name	Years/ Type of Experience

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

2. Demolition projects performed during the past five (5) years (may include current projects in progress).

Project & Location: _____

Describe organizations involvement in demolition i.e. building demolition, hauling debris, site clean-up etc.:

Project Value: _____

Client: _____ Date Completed: _____

Contact: _____ Phone No. _____ Fax No. _____

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Project & Location: _____

Describe organizations involvement in demolition i.e. building demolition, hauling debris, site clean-up etc.:

Project Value: _____

Client: _____ Date Completed: _____

Contact: _____ Phone No. _____ Fax No. _____

Project & Location: _____

Describe organizations involvement in demolition i.e. building demolition, hauling debris, site clean-up etc.:

Project Value: _____

Client: _____ Date Completed: _____

Contact: _____ Phone No. _____ Fax No. _____

(a) Note: Applicants may include additional demolition projects, on a separate page.

3. In accordance with B8.4, this organization is required to have an approved Health and Safety program in accordance with the Workplace Safety & Health Act (Manitoba).

Applicants should include information on their Health and Safety Program, a valid COR certification number or a report or letter to that effect from an independent reviewer on a separate sheet of paper.

4. The Applicant should provide a complete list of the Subcontractors whom the Applicant proposes to engage (Form J: Subcontractor List) with the Qualification Opportunity. Under "Portions of Work" list subcontractors such as: licensed sewer and water contractors, trucking firms, suppliers of clean fill, demolition equipment and operators, etc. (see B8.6)
5. The Applicant should provide a complete list of the equipment which the Applicant proposes to utilize (Form K: Equipment List) with the Qualification Opportunity (see B8.7)

FORM K: EQUIPMENT
(See 5)

Request for Qualifications for the Demolition of Small Buildings

1. Category/type: Track Mounted Equipment, eg. Backhoe(s), Excavator(s) etc.
Make/Model/Year: _____ Serial No.: _____
Registered owner: _____
Make/Model/Year: _____ Serial No.: _____
Registered owner: _____
Make/Model/Year: _____ Serial No.: _____
Registered owner: _____
2. Category/type: Rubber Tire Mounted Equipment eg. Front End Loader(s) etc.
Make/Model/Year: _____ Serial No.: _____
Registered owner: _____
Make/Model/Year: _____ Serial No.: _____
Registered owner: _____
Make/Model/Year: _____ Serial No.: _____
Registered owner: _____
3. Category/type: Hydraulic Attach. Eg. Bucket(s), Thumb, Concrete breaker, etc.
Make/Model/Year: _____ Serial No.: _____
Registered owner: _____
Make/Model/Year: _____ Serial No.: _____
Registered owner: _____
Make/Model/Year: _____ Serial No.: _____
Registered owner: _____
4. Category/type: Trucks (Hauling) eg. Tandem(s), Trailer(s), etc.
Make/Model/Year: _____ Serial No.: _____
Registered owner: _____
Make/Model/Year: _____ Serial No.: _____
Registered owner: _____
Make/Model/Year: _____ Serial No.: _____
Registered owner: _____