Template Version: C520070516

FORM A: QUALIFICATION APPLICATION

(See B6

1.	Contract Title		LIFICATIONS FOR WORK ON F RDANCE WITH SECTION 37 OF			
2.	Applicant					
		Name of Applicant				
		Street				
		City	Province	Postal Code		
	(Mailing address if different)	Email Address of Bidder				
		Facsimile Number				
		Street or P.O. Box				
		City	Province	Postal Code		
		GST Registration Number (i	f applicable)			
		The Bidder is:				
		a sole proprietor				
	(Choose one)	a partnership				
		a corporation				
		carrying on business u	nder the above name.			
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		dered as a pre-qualified Bidder for services for the City of Winnipo			

Template Version: C520070516

5.	Definitions	ascribed to them in the General Conditions.		
6.	Qualification	I/We have completed Form B: Qualification Questionnaire, appended hereto.		
7.	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		
	-			
8.	Signatures	In witness whereof the Applicant or the Applicant's authorized official or officials have signed this		
		, 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 WORK ON PRIVATE SEWER SERVICES IN ACCORDANCE WITH SECTION 37 OF SEWER BY-LAW 92/2010

Work (B10.4)			
	Name	Licenced Sewer and Water Contractor Yes/No	Years Experience
page. Sewer projects per	ge. formed during the past fiv	tement of experience, for eac	
Description:			
Project Value:			
Project Value:			
Project Value: Owner: Contact:	Phone No	Date Completed:	No
Project Value: Owner: Contact: Consultant (archite	Phone No ct, engineer, etc):	Date Completed: Fax N	No
Project Value: Owner: Contact: Consultant (archite Contact:	Phone No ct, engineer, etc):	Date Completed: Fax N	No

Template Version: C520070516

Owner:	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 I	No					
Consultant (architect	, engineer, etc):							
Contact:		Phone:						
List a minimum of thr	ee (3) non City of Winnipeg oct name, contact name(s), te							
	Project Name	Contact Name	Telephone	L-IIIaii				
of organization, proje address is available).	Project Name	Contact Name	Telephone	L-mail				
of organization, proje address is available).	Project Name	Contact Name	Telephone	L-iiiaii				
of organization, proje address is available).	Project Name	Contact Name	Telephone	L-illaii				
of organization, proje address is available).	Project Name	Contact Name	Telephone	L-mail				

4. Does this organization have an approved Health and Safety program in accordance with The Workplace Safety & Health Act (Manitoba)?

Yes / No

3.

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