

**FORM A: QUALIFICATION APPLICATION**  
(See B6.5)

1. Project Title Request For Qualification For The Restoration Of Interlocking Paving Stone Cuts And Pavement Cuts In Or Obstructing Approaches

2. Applicant

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Usual Business Name of Applicant as it appears on Invoice (if different from above)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

(Mailing address if different)

\_\_\_\_\_  
Email Address of Applicant

\_\_\_\_\_  
Facsimile Number

\_\_\_\_\_  
Street or P.O. Box

(Choose one)

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

The Applicant is:

a sole proprietor

a partnership

a corporation

carrying on business under the above name.

3. Contact Person

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

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Facsimile Number

4. Definitions

All capitalized terms used in the Contract shall have the meanings ascribed to them in the General Conditions and D3.

5. Request

I/We wish to be considered as a pre-qualified Applicant for the Restoration of Interlocking Paving Stone Cuts and Pavement Cuts in or Obstructing Approaches.

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 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 Qualification For The Restoration Of Interlocking Paving Stone Cuts And Pavement Cuts In Or Obstructing Approaches

1. Construction experience of principles and key personnel of this organization who will be performing the work:

Name	Years of Experience

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

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

Project & Location: \_\_\_\_\_

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Value: \_\_\_\_\_

Owner: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Contact: \_\_\_\_\_

Project & Location: \_\_\_\_\_

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Value: \_\_\_\_\_

Owner: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Contact: \_\_\_\_\_

Project & Location: \_\_\_\_\_

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Value: \_\_\_\_\_

Owner: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Contact: \_\_\_\_\_