

FORM A: QUALIFICATION APPLICATION
(See B6)

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

2. Applicant

Name of Applicant

Street

City

Province

Postal Code

Email Address of Bidder

Facsimile Number

(Mailing address if different)

Street or P.O. Box

City

Province

Postal Code

GST Registration Number (if applicable)

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 Demolition of Small Buildings 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)

FORM B: QUALIFICATION QUESTIONNAIRE

REQUEST FOR QUALIFICATIONS FOR THE DEMOLITION OF SMALL BUILDINGS

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

Name	Years/Type of Experience	Years Exp. (Min. 2 yrs required)

(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. _____

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. _____

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. 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).
5. Applicants should include information on their Health and Safety Program, a valid COR, or SECOR certification number or a report or letter to that effect from an independent reviewer on a separate sheet of paper as required in B8.4.
6. 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 B8.4(a))
7. 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 7)

Request for Qualifications for the Demolition of Small Buildings

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