

### FORM A: REQUEST FOR QUALIFICATION APPLICATION

1. Document Title                   REQUEST FOR QUALIFICATION FOR THE PROVISION OF NURSERY TREES

2. Applicant

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

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

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

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

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

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

(Mailing address if different)

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

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

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

\_\_\_\_\_  
GST Registration Number (if applicable)

(Choose one)

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 Qualification Submission.

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

\_\_\_\_\_  
Title

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

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

4. Response

The Applicant agrees that the RFQ in its entirety shall be deemed to be incorporated in and to form a part of this Qualification Submission notwithstanding that not all parts thereof are necessarily attached to or accompany this Qualification Submission.

5. Addenda

The Applicant certifies that the following addenda have been received and agrees that they shall be deemed to form a part of the Submission:

No.	Dated
_____	_____
_____	_____
_____	_____

6. 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)