



5. Response

The Proponent 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.

6. Addenda

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

No.	_____	Dated	_____
	_____		_____
	_____		_____

7. Signatures

The Proponent or the Proponent's authorized official or officials have signed this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

Signature of Proponent or  
Proponent'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 – LEVEL I (REQUIRED)**  
 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: Proponents may attach a statement of experience, for each person, on a separate page.
2. Construction projects relevant to the work 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: \_\_\_\_\_

Year last attended Manual of Temporary Traffic Control Seminar: \_\_\_\_\_

Business Registration #: \_\_\_\_\_

Copy of Valid COR OR SECOR Certificate or Independent Safety Evaluation  
Letter: \_\_\_\_\_

2017 Private Access By-Law License NO. 49/2008: YES \_\_\_\_\_ NO \_\_\_\_\_

Safe Work Plan- (Template available on - <http://www.winnipeg.ca/matmgt/Safety/default.stm> )

In good Standing with WCB of Manitoba: YES \_\_\_\_\_ No \_\_\_\_\_

**FORM B: QUALIFICATION QUESTIONNAIRE – LEVEL II (ADDITIONAL OPTION)**  
 REQUEST FOR QUALIFICATION FOR THE RESTORATION OF INTERLOCKING PAVING STONE CUTS  
 AND HARD SURFACE CUTS WITHIN THE CITY RIGHT-OF-WAY

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

NAME	Years of Experience

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

2. Construction projects relevant to the work 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: \_\_\_\_\_

2017 Streets By-Law License:    YES \_\_\_\_\_ NO \_\_\_\_\_

2017 Regional Street Restoration Contractor License :   YES \_\_\_\_\_ NO \_\_\_\_\_