

### FORM A: REQUEST FOR QUALIFICATION APPLICATION

1. Document Title **QUALIFYING TUNNELLING CONTRACTORS - CONSTRUCTION OF 0.7 KM OF 2100-2500 MM SEWER**

2. Proponent

\_\_\_\_\_  
Name of Proponent

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

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

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

\_\_\_\_\_  
Email Address of Proponent

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

(Mailing address if different)

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

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

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

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

(Choose one)

The Proponent is:

a sole proprietor

a partnership

a corporation

carrying on business under the above name.

3. Contact Person

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

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

\_\_\_\_\_  
Title

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

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

4. Good Faith Declaration

The Proponent declares that, in submitting its Request for Qualifications (RFQ), it does so in good faith and that to the best of its knowledge no Persons identified in B12 would have any pecuniary interest, direct or indirect, should the Proponent be awarded a contract for the Project.

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. Indigenous Self-Declaration The City is requesting that Proponents identify if their business is at least 51% owned by one or more Indigenous persons of Canada.

YES, 51% or more Indigenous ownership

NO, it is not

This information is being gathered for statistical purposes only and will not be used for purposes of evaluation.

8. 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: UNDERSTANDING OF PROJECT AND KEY ISSUES**  
(See **B25**, Section B)

Provide a paragraph description or bullet point list for each of the items identified below. Proponent is encouraged to address subheadings listed in **B25**. Information being entered may be expanded to a maximum of five (5) pages. Include a maximum of two (2) additional pages for each additional Tunnelling method.

a) Project Understanding

b) Proposed Tunnelling Method

c) Organizational Structure

Include a description of initiative and innovation that provides enhanced project benefits (See B25.3)

**FORM C: EXPERIENCE OF PROPONENT**  
(See **B26**, Section C)

Provide information and experience for the Proponent as listed in Form A, as requested in B26. Enlarge table cells as required for response to requested items.			
Name			
Address			
Number of Employees			
Years in Tunnelling Business <i>(Must have at least 5 years corporate Tunnelling experience)</i>			
Number of Tunnelling projects in last 5 years			
Proposed Tunnelling method and TBM	<input type="checkbox"/> Two-Pass  <input type="checkbox"/> Pipe Jacking		<input type="checkbox"/> Open Face TBM  <input type="checkbox"/> EPBTBM  <input type="checkbox"/> MTBM
Projects with proposed Tunnelling method in last ten (10) years	Project 1	Project 2	Project 3
Name of Project Owner			
Drive Length (m) <i>(Minimum 400m with one at least 600m)</i>			
Carrier Pipe - type & ID (mm) <i>Min dia. 1500mm with one at 2250 mm.</i>			
Initial Excavation Support <b>(for Two-pass only)</b> - type and diameter (mm)			
Pipe Joint Type / Transfer Ring <b>(for Pipe Jacking Only)</b>			
Guidance System <i>(At least two (2) with planned horizontal or vertical curvature)</i>			
Project Reference Name Address Phone Number Email			
Additional Information: Include additional information as an appendix to the Submission, (See <b>B26.3</b> )			