

FORM B: QUALIFICATION QUESTIONNAIRE LEVEL I

**REQUEST FOR QUALIFICATIONS FOR PROVISION OF EMERGENCY DEMOLITION
OF SMALL BUILDINGS**

1. Demolition experience of principals and key individuals of this organization who will be performing the Work.

Name	Experience	Years Exp.

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

2. Five (5) of the most recent projects (may include current projects in progress).

Project & Location: _____

Description: _____

Project Value: _____

Owner: _____ Date Completed: _____

Contact: _____ Phone No. _____ E-Mail _____

Project & Location: _____

Description: _____

Project Value: _____

Owner: _____ Date Completed: _____

Contact: _____ Phone No. _____ E-Mail _____

Project & Location: _____

Description: _____

Project Value: _____

Owner: _____ Date Completed: _____

Contact: _____ Phone No. _____ E-Mail _____

Project & Location: _____

Description: _____

Project Value: _____

Owner: _____ Date Completed: _____

Contact: _____ Phone No. _____ E-Mail _____

Project & Location: _____

Description: _____

Project Value: _____

Owner: _____ Date Completed: _____

Contact: _____ Phone No. _____ E-Mail _____

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

Organization	Project Name	Contact Name	Telephone	E-mail

FORM B: QUALIFICATION QUESTIONNAIRE LEVEL II (OPTIONAL)

**REQUEST FOR QUALIFICATIONS FOR PROVISION OF EMERGENCY DEMOLITION
OF LARGE BUILDINGS**

1. Demolition experience of principals and key individuals of this organization who will be performing the Work.

Name	Experience	Years Exp.

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

2. Five (5) of the most recent projects (may include current projects in progress).

Project & Location: _____

Description: _____

Project Value: _____

Owner: _____ Date Completed: _____

Contact: _____ Phone No. _____ E-Mail _____

Project & Location: _____

Description: _____

Project Value: _____

Owner: _____ Date Completed: _____

Contact: _____ Phone No. _____ E-Mail _____

Project & Location: _____

Description: _____

Project Value: _____

Owner: _____ Date Completed: _____

Contact: _____ Phone No. _____ E-Mail _____

Project & Location: _____

Description: _____

Project Value: _____

Owner: _____ Date Completed: _____

Contact: _____ Phone No. _____ E-Mail _____

Project & Location: _____

Description: _____

Project Value: _____

Owner: _____ Date Completed: _____

Contact: _____ Phone No. _____ E-Mail _____

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

Organization	Project Name	Contact Name	Telephone	E-mail

FORM B: QUALIFICATION QUESTIONNAIRE LEVEL III (OPTIONAL)

**REQUEST FOR QUALIFICATIONS FOR PROVISION OF EMERGENCY DEMOLITION
FOR WET DEMOLITIONS**

1. Demolition experience of principals and key individuals of this organization who will be performing the Work:

Name	Years/ Type of Experience

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

2. Recent demolition projects performed (may include current projects in progress).

Project & Location: _____

Describe organizations involvement in demolition i.e. building demolition, hauling debris, site clean-up, water source, precautions and procedures etc.:

Project Value: _____

Client: _____ Date Completed: _____

Contact: _____

Phone No. _____

Email Address: _____

Project & Location: _____

Describe organizations involvement in demolition i.e. building demolition, hauling debris, site clean-up, water source, precautions and procedures etc.:

Project Value: _____

Client: _____ Date Completed: _____

Contact: _____

Phone No. _____

Email Address: _____

(a) Note: Proponents may include additional demolition projects, on a separate page.