

FORM A: QUALIFICATION SUBMISSION

1. Document Title REQUEST FOR QUALIFICATION OF ELECTRICAL MOTOR REPAIR & REFURBISHMENT
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. Response
- The Proponent agrees that the RFQ in its entirety shall be deemed to be incorporated in and to form a part of its Qualification Submission notwithstanding that not all parts thereof are necessarily attached to or accompany the Qualification Submission.

5. 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 |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

6. 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.

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)