

**FORM A: QUALIFICATION APPLICATION**  
(See B7)

1. Project Title REQUEST FOR QUALIFICATIONS FOR THE DEMOLITION OF SMALL BUILDINGS

2. Applicant

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

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

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

3. Contact Person

The Applicant authorizes the following contact person to represent the Applicant for purposes of the Application.

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

\_\_\_\_\_  
Title

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

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

4. Request

I/We wish to be considered as a pre-qualified Bidder for the Demolition of Small Buildings for the City of Winnipeg.

5. Qualification

I/We have completed Form B: Qualification Questionnaire, appended hereto.

6. Addenda

I/We certify that the following addenda have been received and agree that they shall be deemed to form part of this Request for Qualifications.

No. \_\_\_\_\_ Dated \_\_\_\_\_

No. \_\_\_\_\_ Dated \_\_\_\_\_

No. \_\_\_\_\_ Dated \_\_\_\_\_

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**7. Signatures**

In witness whereof 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)

**FORM B: QUALIFICATION QUESTIONNAIRE**

**REQUEST FOR QUALIFICATIONS FOR THE DEMOLITION OF SMALL BUILDINGS**

1. Demolition experience of principals and key individuals of this organization who will be performing the Work: (B9.3)

Name	Years/ Type of Experience

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

2. Demolition projects performed during the past five (5) years (may include current projects in progress).

Project & Location: \_\_\_\_\_

Describe organizations involvement in demolition i.e. building demolition, hauling debris, site clean-up etc.:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Value: \_\_\_\_\_

Client: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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Project & Location: \_\_\_\_\_

Describe organizations involvement in demolition i.e. building demolition, hauling debris, site clean-up etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Value: \_\_\_\_\_

Client: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Project & Location: \_\_\_\_\_

Describe organizations involvement in demolition i.e. building demolition, hauling debris, site clean-up etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Value: \_\_\_\_\_

Client: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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

3. In accordance with B8.4, this organization is required to have an approved Health and Safety program in accordance with the Workplace Safety & Health Act (Manitoba).

Applicants should include information on their Health and Safety Program, a valid COR certification number or a report or letter to that effect from an independent reviewer on a separate sheet of paper.

4. The Applicant should provide a complete list of the Subcontractors whom the Applicant proposes to engage (Form J: Subcontractor List) with the Qualification Opportunity. Under "Portions of Work" list subcontractors such as: licensed sewer and water contractors, trucking firms, suppliers of clean fill, demolition equipment and operators, etc. (see B8.6)
5. The Applicant should provide a complete list of the equipment which the Applicant proposes to utilize (Form K: Equipment List) with the Qualification Opportunity (see B8.7)

\_\_\_\_\_



**FORM K: EQUIPMENT**  
(See 5)

Request for Qualifications for the Demolition of Small Buildings

<b>1. Category/type:</b>	<b>Track Mounted Equipment, eg. Backhoe(s), Excavator(s) etc.</b>
Make/Model/Year: _____	Serial No.: _____
Registered owner: _____	
Make/Model/Year: _____	Serial No.: _____
Registered owner: _____	
Make/Model/Year: _____	Serial No.: _____
Registered owner: _____	
<b>2. Category/type:</b>	<b>Rubber Tire Mounted Equipment eg. Front End Loader(s) etc.</b>
Make/Model/Year: _____	Serial No.: _____
Registered owner: _____	
Make/Model/Year: _____	Serial No.: _____
Registered owner: _____	
Make/Model/Year: _____	Serial No.: _____
Registered owner: _____	
<b>3. Category/type:</b>	<b>Hydraulic Attach. Eg. Bucket(s), Thumb, Concrete breaker, etc.</b>
Make/Model/Year: _____	Serial No.: _____
Registered owner: _____	
Make/Model/Year: _____	Serial No.: _____
Registered owner: _____	
Make/Model/Year: _____	Serial No.: _____
Registered owner: _____	
<b>4. Category/type:</b>	<b>Trucks (Hauling) eg. Tandem(s), Trailer(s), etc.</b>
Make/Model/Year: _____	Serial No.: _____
Registered owner: _____	
Make/Model/Year: _____	Serial No.: _____
Registered owner: _____	
Make/Model/Year: _____	Serial No.: _____
Registered owner: _____	