

FORM A: QUALIFICATION APPLICATION
(See B6)

1. Project Title REQUEST FOR QUALIFICATIONS FOR THE PROVISION OF MINOR ROOF REPAIR AND MODIFICATIONS

2. Applicant

Name of Applicant

Street

City

Province

Postal Code

3. Contact Person

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

Contact Person

Title

Telephone Number

Facsimile Number

4. Request

I/We wish to be considered as a pre-qualified Bidder for the Provision of Minor Roof Repair and Modifications for the City of Winnipeg.

5. Qualification

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

6. Addenda

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

No. _____ Dated _____

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 PROVISION OF MINOR ROOF REPAIR AND MODIFICATIONS

1. Roofing experience of principals and key individuals of this organization who will be performing the Work: (B8.2)

Name	Journeyman Roofer Yes/No	Years Experience (Min. 2 yrs required)

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

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

Project & Location: _____

Description:

Project Value: _____

Owner: _____ Date Completed: _____

Contact: _____ Phone No. _____ Fax No. _____

Consultant (architect, engineer, etc): _____

Contact: _____ Phone: _____

Project & Location: _____

Description:

Project Value: _____

Owner: _____ Date Completed: _____

Contact: _____ Phone No. _____ Fax No. _____

Consultant (architect, engineer, etc): _____

Contact: _____ Phone: _____



Project & Location: _____

Description:

Project Value: _____

Owner: _____ Date Completed: _____

Contact: _____ Phone No. _____ Fax No. _____

Consultant (architect, engineer, etc): _____

Contact: _____ Phone: _____

3. Does your organization have an approved Health and Safety program in accordance with the Workplace Safety & Health Act (Manitoba)?

Yes / No (circle one)

If Yes, Applicants may include information as to the Health and Safety Program on a separate sheet of paper.