FORM A: REQUEST FOR QUALIFICATION APPLICATION

1.	Document Title	REQUEST FOR QUALIFICATIONS FOR THE DEMOLTION OF SMALL BUILDINGS
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 B9 would have any pecuniary interest, direct or indirect, should the Proponent be awarded a contract for the Project.

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Templat 5.	eversion: C320040625 Response	incorporated in and to form a p	Q in its entirety shall be deemed to be art of this Qualification Submission hereof are necessarily attached to or ission.
6.	Addenda		llowing addenda have been received ed to form a part of the Submission:
		No Dated	
7.	Indigenous Self- Declaration	51% owned by one or more Indiger YES, 51% or more Indigenous NO, it is not	for statistical purposes only and will
8.	Signatures	The Proponent or the Proponent's signed this	s authorized official or officials have
		day of	, 20
		Signature of Proponent or Proponent's Authorized Offici	al 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 – LEVEL I

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:

Name	Years/ Type of Experience

(a) Note: Applicants 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 etc.:

Client:	Date Completed:	
Contact:		
Phone No		
Email Address:		

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

Client:	Date Completed:
Contact:	
Phone No	
Email Address:	
Project & Location:	
Describe organizations involver	ment in demolition i.e. building demolition, hauling debris, site clean-up
etc.:	
Project Value:	
	Date Completed:
	Date Completed:
Client:	Date Completed:
Client: Contact:	Date Completed:
Client: Contact: Phone No Email Address:	Date Completed:

- Workplace Safety & Health Act (Manitoba).
- 4. Applicants should include information on their Health and Safety Program, a valid COR, or SECOR certification number or a report or letter to that effect from an independent reviewer on a separate sheet of paper.
- 5. 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 "Type of Work" list subcontractors such as: licensed sewer and water contractors, trucking firms, suppliers of clean fill, demolition equipment and operators, etc.
- 6. The Applicant should provide a complete list of the equipment which the Applicant proposes to utilize (Form K: Equipment List) with the Qualification Opportunity

FORM B: QUALIFICATION QUESTIONNAIRE - LEVEL II (OPTIONAL)

REQUEST FOR QUALIFICATIONS FOR WET DEMOLITION OF SMALL BUILDINGS

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

Name	Years/ Type of Experience

(a) Note: Applicants 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:
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	ations involvement in demolition i.e. building demolition, hauling debris, site clean-up, ecautions and procedures etc.:
Project Value:	
Client:	Date Completed:
Contact:	
Phone No	
Email Address: _	
(a) Note:	Applicants may include additional demolition projects, on a separate page.

- 3. Bidder is required to have an approved Health and Safety program in accordance with the Workplace Safety & Health Act (Manitoba).
- 4. Applicants should include information on their Health and Safety Program, a valid COR, or SECOR certification number or a report or letter to that effect from an independent reviewer on a separate sheet of paper.
- 5. 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 "Type of Work list subcontractors such as: licensed sewer and water contractors, trucking firms, suppliers of clean fill, demolition equipment and operators, etc.
- 6. The Bidder should provide a safe work procedure to execute the wet demolition of buildings that are suspected to contain asbestos containing materials.
- 7. The Applicant should provide a complete list of the equipment which the Applicant proposes to utilize (Form K: Equipment List) with the Qualification Opportunity

FORM J: SUBCONTRACTOR LIST

Request for Qualifications for the Demolition of Small Buildings

<u>Name</u>	<u>Address</u>	Type of Work	
		<u> </u>	

FORM K: EQUIPMENT

Request for Qualifications for the Demolition of Small Buildings

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