

**FORM A: REQUEST FOR QUALIFICATION APPLICATION**

1. Document Title

**REQUEST FOR QUALIFICATION FOR A CITY OF  
WINNIPEG LABORATORY INFORMATION  
MANAGEMENT SYSTEM**

2. Proponent

\_\_\_\_\_  
Name of Proponent

\_\_\_\_\_  
Usual Business Name of Bidder as it appears on Invoice (if different from above)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

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

\_\_\_\_\_  
Email Address of Bidder

\_\_\_\_\_  
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 B13 would have any pecuniary interest, direct or indirect, should the Proponent be awarded a contract for the Project.

5. Response The Proponent agrees that the RFQ in its entirety shall be deemed to be incorporated in and to form a part of this Qualification Submission notwithstanding that not all parts thereof are necessarily attached to or accompany this Qualification Submission.

6. 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	_____
	_____		_____
	_____		_____

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)