FORM A: REQUEST FOR QUALIFICATION APPLICATION

1.	Document Title	REQUEST FOR QUALIFICATION FOR PROVISION, IMPLEMENTATION AND SUPPORT FOR A COMPUTER AIDED DISPATCH SYSTEM, A RECORDS MANAGEMENT SYSTEM, A STATION ALERTING SYSTEM, A STAFF SCHEDULING (ROSTER) SYSTEM, A LEARNING MANAGEMENT SYSTEM, AND A SYSTEM STATUS MANAGEMENT (DECISION SUPPORT) SOLUTION FOR THE WINNIPEG FIRE PARAMEDIC SERVICE		
2.	Proponent			
		Name of Proponent		
		Usual Business Name of Bido	er as it appears on Invoice (if different f	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 a	pplicable)	
	(Choose one)	The Proponent is:		
		a sole proprietor		
		a partnership		
		a corporation		
		carrying on business un	der 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 B12 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		
		, 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)		