

PART A

BID SUBMISSION

FORM A: QUALIFICATION APPLICATION
(See B7)

1. Project Title REQUEST FOR QUALIFICATIONS FOR THE PROVISION OF MINOR HEATING AND AIR CONDITIONING MAINTENANCE & MODIFICATIONS

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 Provision of Minor Heating and Air Conditioning Maintenance & Modifications 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 _____

7. Signatures

In witness whereof the Applicant or the Applicant's authorized official or officials have signed this

_____ day of _____, 20_____.

Signed and sealed in
The presence of:

Signature of Applicant or
Applicant's Authorized Official or Officials

(Witness)

(Print here name and official capacity of individual whose signature appears above)

(Witness)

(Print here name and official capacity of individual whose signature appears above)

SEAL

FORM B: QUALIFICATION QUESTIONNAIRE

**REQUEST FOR QUALIFICATIONS FOR THE PROVISION OF MINOR HEATING AND AIR
CONDITIONING MAINTENANCE & MODIFICATIONS**

1. Construction experience of principals and key individuals of this organization who will be performing the Work: (B9.4)

Name	Journeyman Heating & Air Conditioning Mechanic Yes/No	Years Experience (Min. 2 yrs required)

(a) Note: Attach a statement of relative experience for each person listed on a separate page.

2. Major construction 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: _____

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3. List a minimum of three (3) non City of Winnipeg client references of relevant projects with the name of organization, project name, contact name(s), telephone numbers and E-mail addresses.

Organization	Project Name	Contact Name	Telephone	E-mail

4. Does this organization have an approved Health and Safety program with Workplace Safety & Health?

Yes / No (if Yes please provide complete information as to the Health and Safety Program on a separate sheet of paper.)

5. State whether this organization would wish to be considered for Work in: (see B10 & B11)

- All City of Winnipeg facilities including Winnipeg Police Services (WPS) facilities.
- City of Winnipeg facilities only (not including WPS facilities).