

**FORM A: QUALIFICATION APPLICATION**  
(See B7)

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 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 Roof Repair and 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 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, on a separate page.

2. Roofing projects performed during the past five (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: \_\_\_\_\_

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Project & Location: \_\_\_\_\_

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Value: \_\_\_\_\_

Owner: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Consultant (architect, engineer, etc): \_\_\_\_\_

Contact:

\_\_\_\_\_ Phone: \_\_\_\_\_

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Project & Location: \_\_\_\_\_

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Value: \_\_\_\_\_

Owner: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Consultant (architect, engineer, etc): \_\_\_\_\_

Contact:

\_\_\_\_\_ Phone: \_\_\_\_\_

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

Yes / No

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

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