FORM A: QUALIFICATION APPLICATION (See B6

1.	Contract Title	CONTRACTORS SPEC	FICATIONS OF EMERGENCY ALIZING IN POST LOSS REI FFIRE AND WATER DAMAGI	MEDIATION AND
2.	Applicant			
		Name of Applicant		
		Street		
		City	Province	Postal Code
		Facsimile Number		
	(Mailing address if different)	Street or P.O. Box		
		City	Province	Postal Code
3.	Contact Person	The Applicant authorize Applicant for purposes o	s the following contact perso f the Bid.	n to represent the
		Contact Person	Title	
		Telephone Number	Facsimile Number	
4.	Request	I/We wish to be considered as a pre-qualified Bidder for the Provision of Emergency Restoration for the City of Winnipeg.		
5.	Qualification	I/We have completed Form B: Qualification Questionnaire, appended hereto.		
6.	Addenda	The Applicant certifies that the following addenda have been received and agrees that they shall be deemed to form a part of the Contract:		
		No	Dated	

7.	Signatures	In witness whereof the Applicant or the Applicant's authorized official or officials have signed this			
		day of	, 20		
		Signature of Applicant or Applicant'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 s	signature appears above		
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SEAL

FORM B: QUALIFICATION QUESTIONNAIRE

REQUEST FOR QUALIFICATIONS OF EMERGENCY RESTORATION CONTRACTORS SPECIALIZING IN POST LOSS REMEDIATION AND RECONSTRUCTION OF FIRE AND WATER DAMAGE

1.	Restoration experience of principals ar Work: (B9.4)	nd key personnel of this organization who will be pe	rforming the		
	Name	Professional Designation – indicate level (eg: Mold Abatement Certificate, Lead Abatement Certificate, Asbestos Abatement Certificate	Years Experience (Min. 2 yrs required)		
		Certificate	required)		
	(a) Note: Applicants may attac page.	ch a statement of experience, for each person, on a	ı separate		
2.	Restoration projects performed during the past five (5) years (may include current projects in progress).				
	Project & Location:				
	Description:				
	Project Value:				
	Owner: Date Completed:				
	Contact: Phone	e No Fax No			
	Consultant (architect, engineer, etc): _				
	Contact:				
	Contact.				
		Phone:			

Project & Location:			
		-	
	Date Completed:		
hone No		Fax No	
tc):			
	_Phone:		
	Date Completed:		
hone No		Fax No	
tc):			
	_Phone:		
	rhone No	Date Completed: chone NoPhone:Date Completed: chone No	

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 (if email address is available).

Organization	Project Name	Contact Name	Telephone	E-mail

4.	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.