FORM A: REQUEST FOR QUALIFICATION APPLICATION

1.	Document Title	REQUEST FOR QUALIFICATION FOR THE PROVISION OF NURSERY TREES
2.	Proponent	
		Name of Proponent
		Usual Business Name of Proponent as it appears on Invoice (if different from above)
		Street
		City Province Postal Code
		Email Address of Proponent
		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 B8 would have any pecuniary interest, direct or indirect, should the Proponent be awarded a contract for the Project.

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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 o 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.	Indigenous Self- Declaration	The City is requesting that Bidders identify if their business is at leas 51% owned by one or more Indigenous persons of Canada.
		YES, 51% or more Indigenous ownership
		NO, it is not
		This information is being gathered for statistical purposes only and wil not be used for purposes of evaluation.
8.	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)