



REQUEST FOR QUALIFICATION OF CONTRACTOR/CONSULTANT

NOTES:

- 1) **REQUIRED** in order to provide information on the capacity, skill and experience of the contractor/consultant. Applicants may supplement information requested with their current portfolio available or additional sheets if required. **Please only fill in information that pertains to your business/service.**
- 2) Once completed, this form will be treated as a confidential document by the St. Lawrence Seaway Management Corporation (SLSMC) who will use it solely for determining the contractor/consultant's qualifications.
- 3) Personal information provided by you of your employees or sub-contractors will be handled in accordance with the SLSMC Privacy Policy <http://www.greatlakes-seaway.com/en/privacy/>. This personal information may be shared with others within the SLSMC and retained by the SLSMC for the purposes of assessing your firm's suitability for our "Qualified contractors/consultants list".
- 4) Receipt of your Request for qualification will be acknowledged by email.
- 5) Internal distribution will take place to the disciplines you are applying for. Once completed, your contact person listed below will be informed of our Corporation's decision.
- 6) You are obliged at all times to keep the SLSMC informed of any change regarding your firm, in particular a change of business name, address or a merger.
- 7) If a qualified firm does not respond to any call for tenders according to its qualification for 2 consecutive years, it will be removed automatically from the list of firms invited to tender. In this contingency, the firm then will have to apply for reconsideration of its qualification by the SLSMC.
- 8) SLSMC will review contractor/consultant performance periodically and may remove firms from its "Qualified contractor/consultants list" if SLSMC feels their performance on work has been inadequate.

A – General Information

Business name of the firm		Legal name of the firm		Name of authorized signatory	
Number and street			City		
Province/State	Postal code/Zip code	Firm number		Firm creation date (year/month)	
Telephone number	Fax number	Cellular number	Email address		
Legal structure of your firm <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other					
N ^{br} of employees:		N ^{br} of mgmt./admin:		N ^{br} of technical/proj. mgmt:	N ^{br} of labour/trades:
Please check disciplines/area of expertise you are applying for: <input type="checkbox"/> Heavy Civil <input type="checkbox"/> Concrete/Forming <input type="checkbox"/> Road/Highway Work <input type="checkbox"/> Structural/Ironwork <input type="checkbox"/> Fabrication <input type="checkbox"/> Mechanical <input type="checkbox"/> Millwrighting/Rigging <input type="checkbox"/> HVAC/Sheet Metal <input type="checkbox"/> Pipe Fitting <input type="checkbox"/> Machining <input type="checkbox"/> Electrical <input type="checkbox"/> High Voltage <input type="checkbox"/> PLC/Controls Install <input type="checkbox"/> Utilities Infrastructure <input type="checkbox"/> Communications <input type="checkbox"/> Other Specialty: _____					
If you are applying for a specific project please complete: Project title: _____ Location: _____					

B – Expertise and project experience

B.1 – Contracts

Please attach project descriptions sheets

Project descriptions attached Yes No

Date completed	Project title	Location	Project value \$	Main client (reference): Name, telephone # (subcontractor, if applicable)

B.2 – Key Personnel

Please attach CV's for project managers or superintendents expected to work on SLSMC projects, included years of experience

CV's attached Yes No

C – Financial References, Insurance and Guarantees

C.1 - Banking Institution

Name of banking institution	
Name of person responsible for your file	
Address	
Telephone number	
Email address	

C.2 - Bonding Company

Maximum bonding \$ limit	
Bonding company	
Name & title of person to contact	
Telephone number	
Email address	

C.3 - Public liability insurance

Do you have \$2 million of commercial general liability (CGL)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company & contact info
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C.4 - Automobile liability insurance

Do you have \$1 million of automobile liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company & contact info
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D – List of Heavy Construction Equipment Owned by Contractor

Please list or attach a list of your heavy construction equipment owned, including make, model and year of manufacture
 List attached Yes No

Equipment you own	Number	Make	Model	Year

E – Quality / Environment Programs

E.1 – Quality Program

Do you have ISO certification for your Quality Programs:
 Yes No

If yes, indicate in which Quality Programs your firm is registered:
 ISO 9001 ISO 14000 ISO 26000 Other: _____

E.2 - Environment

Do you have a Sustainable Development Program?
 Yes No

Do you have an Environmental Program?
 Yes No

Do you offer services or do you use environmentally friendly solutions?
 Yes No

Give examples :

F – Health and Safety Program

Indicate in which Industry Safety Management Programs your firm is registered:
 IHSA Certificate of Recognition (COR) OHSAS 18001 Other: _____

Please attach your firm Health and Safety Program
 Safety Program attached : Yes No

Details required shall include, but not necessarily be limited to the following:

- The person(s) in charge of health and safety at the firm.
- Policies or procedures related to: Working at Heights, Confined Space Entry, Hot Work, Energy Control (Lock-out/Tag-out), Asbestos and Designated Substances, Work Near Overhead Wires, Lifting Equipment, Heavy Equipment, Excavation Equipment, Scaffolding, Chemical/Gas Handling, Trenching/Excavation, Traffic Control, Signs/Barricades/Flagging, Emergency Management, Fire Safety, First Aid/CPR, Vehicle Safety and Commercial Driving, Marine, Water Safety.
- Sample daily worksite worker safety meeting or daily job safety analysis.
- Familiarity with "SLSMC Corporate Safety Requirements".

Please attach WSIB Clearance Certificate
 Clearance Certificate attached: Yes No

G – Commitment to Marine Security

Are you familiar with MARSEC regulations?

Yes No

I affirm that the information provided in the form, including its attachments, is true and accurate.

Name of authorized signatory	Date
Title	Please note that a <u>signature</u> is mandatory if you would like to be considered _____ Signature
Telephone Number	
Email address	

For accounting purposes please provide the following information

What information is required from the SLSMC to set up a credit account with your firm?	
Payment address, if different from above	
General Email address for tender purposes	
The SLSMC uses the electronic funds transfer (EFT) mode of payment. Are you structured for this mode of payment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out the attached EFT request form.	
Term of payment (specify)	

This form can be Emailed or sent by courier to the appropriate office:

For work in the Welland Canal section of the Corporation

Procurement Department
508 Glendale Avenue
St. Catharines, Ontario L2R 6V8
niaprocore@seaway.ca

For work in the Montreal Lake Ontario section of the Corporation

Procurement Department
9200 Marie-Victorin Blvd
Brossard, Quebec J4X 1A3
maisoumissions@seaway.ca

For work at the Head Office in Cornwall

Procurement Department
202 Pitt Street
Cornwall, Ontario K6J 3P7
cwlprocure@seaway.ca



Attention: Accounting Department

Re : Electronic Funds Transfer (EFT)

Dear Sir or Madam,

In order to provide a more efficient payment process and to be environmentally responsible by reducing the use of paper, our Accounts Payable department is pleased to offer payment through Electronic Funds Transfer (EFT) for vendors with Canadian bank accounts in Canadian funds.

This process is expected to be more efficient and cost effective for both our suppliers and ourselves as payments will be deposited directly into your bank account, at which time you will be notified by e-mail that the deposit has been made. Included in this e-mail will be a remittance advice detailing the invoice(s) being paid.

To request this service, please complete the attached Electronic Funds Transfer Request Form and return it to our Accounts Payable Department with a void cheque.

The personal information obtained from this form is used for the purposes of payment to the vendor only and is handled in accordance with the St. Lawrence Seaway Management Corporation Privacy Policy.

If you have any questions, please feel free to e-mail accountspayable@seaway.ca or contact any of the following at 613-932-5170:

Jani Pilon

Accounts Payable Clerk
Ext. 3334

Carole Robertson

Accounts Payable Clerk
Ext. 3306

Sarah Padbury

General Accounting Clerk
Ext. 3215



ELECTRONIC FUNDS TRANSFERT REQUEST FORMULAIRE D'ADHÉSION POUR TRANSFERT DE FONDS ÉLECTRONIQUE

IMPORTANT : Vendor must have a Canadian bank account in Canadian funds.

IMPORTANT: Être un fournisseur détenant un compte bancaire en devises canadiennes dans une institution financière canadienne.

VENDOR INFORMATION / INFORMATION DU FOURNISSEUR

INTERNAL USE ONLY :

USAGE INTERNE SEULEMENT :

VENDOR NUMBER

NUMÉRO DE FOURNISSEUR

PLEASE COMPLETE :

VEUILLEZ REMPLIR :

VENDOR NAME

NOM DU FOURNISSEUR

E-MAIL (**MANDATORY**)

ADRESSE COURRIEL (**OBLIGATOIRE**)

BANK INFORMATION / INFORMATION BANCAIRE

FINANCIAL INSTITUTION
INSTITUTION FINANCIÈRE

BRANCH ADDRESS
ADRESSE (RUE)

P.O. BOX
CASIER POSTAL

CITY
VILLE

PROVINCE
PROVINCE

POSTAL CODE
CODE POSTAL

COUNTRY
PAYS

BANK ACCOUNT NUMBER
NO. DE COMPTE (FOLIO)

BRANCH NUMBER
NUMÉRO D'INSTITUTION

BANK TRANSIT NO
NO DE TRANSIT

NAME OF ACCOUNT HOLDER
NOM DU TITULAIRE DU COMPTE

PLEASE PROVIDE A "VOID" CHEQUE

***VEUILLEZ JOINDRE UN CHÈQUE PORTANT LA MENTION "ANNULÉ"

I, as an authorized representative of the above-mentioned organization, hereby authorize you to deposit payment directly into the following account and to send payment notification via email until further notice. / Je, à titre de représentant(e) autorisé(e) pour l'organisation ci-haut mentionnée, par la présente, vous autorise à déposer le paiement directement dans le compte bancaire suivant et à envoyer un avis de paiement par courriel jusqu'à nouvel ordre.

Name/nom

Signature

Title/Titre

Date