



## REQUEST FOR QUALIFICATION OF CONTRACTOR

**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) 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		
<b>Legal structure of your firm</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other					
N <sup>br</sup> of employees:		N <sup>br</sup> of mgmt./admin:		N <sup>br</sup> of technical/proj. mgmt..:	
<b>Please check disciplines/area of expertise you are applying for:</b> <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

- If you are unable to provide at least three references, please justify the reasons:

Reasons:

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 – Commercial General Liability (CGL) insurance

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

Do you have \$1 million of AL 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 and at the Head Office in Cornwall**

Procurement Department  
508 Glendale Avenue  
St. Catharines, Ontario L2R 6V8  
[niaprocore@seaway.ca](mailto: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](mailto:maisoumissions@seaway.ca)



The St. Lawrence  
Seaway Management  
Corporation

Corporation de Gestion  
de la Voie Maritime  
du Saint-Laurent

202 Pitt Street, Cornwall (Ontario) K6J 3P7 Telephone: (613) 932-5170 Fax No: (613) 932-5401

October 6, 2021

Attention: Accounting Department

**Re: Electronic Funds Transfer (EFT)  
For Canadian Account Bank holders in CAD funds**

Dear Sir or Madam,

To reduce the risk of COVID-19 transmission, the St. Lawrence Seaway Management Corporation (SLSMC) is taking extra precautions and steps to maintain the health and wellbeing of our customers, employees and community. We have modified our operations to increase our work from home capabilities and are working to minimize or eliminate activities related to processing physical documents.

If you are currently a vendor who is accepting a cheque in Canadian dollars as a method of payment from us, we would appreciate your cooperation with respect to paying you by Electronic Funds Transfer (EFT).

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 enable us to provide you with this service, please complete the attached Electronic Funds Transfer Request Form and return it to our Accounts Payable Department with a copy of 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 SLSMC Privacy Policy.

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

**Daniel Roy**  
**Manager of Accounting**  
**Ext. 3322**

**Carole Robertson**  
**Accounting Clerk**  
**Ext. 3306**

**Aimee Hughes**  
**Accounting Clerk**  
**Ext. 3215**

**Jani Pilon**  
**Accounting Clerk**  
**Ext. 3334**