



## 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 or 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			
Number and street			City		
Province/State	Postal code/Zip code	Firm number		Firm creation date (year/month)	
Telephone 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.:		N <sup>br</sup> of labour/trades:
RBQ License N <sup>o</sup> (Quebec only)		RBQ Contractor's license including Contractor's classes and subclasses attached		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<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: _____					

## B – Expertise and project experience

- Please attach a summary of your recent project indicating the following:

- Project description
- Project completion date
- Location
- Project value
- Client name (Company)
- Contact name and phone number

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

- Reasons:

## C – Insurances Conditions and guarantees

### C.1 – Minimum requirements

The following Insurance Conditions will be requested for all Contracts:

- Commercial General Liability (min. \$2,000,000)
- Automobile Liability (min. \$1,000,000)

WSIB/CNESST certified

### C.2 – Bonding

Is your company bondable?

- Yes       No

## D – List of Heavy Construction Equipment Owned by Contractor

If available, please attach a list of your heavy construction equipment owned, including make, model and year of manufacture

List attached       Yes       No

**SECTIONS E AND F ARE FOR INFORMATION ONLY. LEAVING FIELDS BLANK (THOSE THAT NOT APPLY TO YOU) WILL NOT DISQUALIFY YOUR COMPANY BUT PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE**

## 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)       ISO 45001       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:

- a) The person(s) in charge of health and safety at the firm.
- b) 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.
- c) Sample daily worksite worker safety meeting or daily job safety analysis.
- d) Familiarity with "SLSMC Corporate Safety Requirements".

**G - Additional information**

**G.1 Tendering purposes**

General email address

Contact name

**G.2 Accounting purposes**

The SLSMC uses the electronic funds transfer (EFT) mode of payment. Are you structured for this mode of payment?

- Yes       No

If yes, please fill out the attached EFT request form.

Tax Number  
(HST or GST)

For your information, our terms of payment are Net 30 days.

**I affirm that the information provided in the form, including its attachments, is true, accurate and have read and accept the SLSMC Supplier Code of Ethics - [https://greatlakes-seaway.com/wp-content/uploads/2024/07/Model-Supplier\\_Code\\_en.pdf](https://greatlakes-seaway.com/wp-content/uploads/2024/07/Model-Supplier_Code_en.pdf)**

Name of authorized signatory

Date

Title

Telephone Number

Email address

\_\_\_\_\_  
Signature (mandatory)

**Please email this form to the appropriate Procurement Department**

For work in the Welland Canal section of the Corporation and at the Head Office in Cornwall

[niaprocore@seaway.ca](mailto:niaprocore@seaway.ca)

For work in the Montreal Lake Ontario section of the Corporation

[maisoumissions@seaway.ca](mailto:maisoumissions@seaway.ca)



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July 15, 2024

**Attention: Accounting Department**

Dear Sir or Madam,

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.

Please be advised that as part of our due diligence, a member of our team will contact you by phone to confirm and validate your banking information.

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](mailto:accountspayable@seaway.ca) or contact 613-932-5170, ext. 3040.

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