

**RETURN BIDS TO:**  
**RETOURNER LES SOUMISSIONS À:**  
Bid Receiving Public Works and Government  
Services Canada/Réception des soumissions Travaux  
publics et Services gouvernementaux Canada  
1713 Bedford Row  
Halifax, N.S./Halifax, (N.É.)  
B3J 1T3  
Bid Fax: (902) 496-5016

**SOLICITATION AMENDMENT**  
**MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise  
indicated, all other terms and conditions of the Solicitation  
remain the same.

Ce document est par la présente révisé; sauf indication contraire,  
les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

Vendor/Firm Name and Address  
Raison sociale et adresse du  
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution  
Acquisitions  
1713 Bedford Row  
Halifax, N.S./Halifax, (N.É.)  
B3J 3C9

<b>Title - Sujet</b> METAL SHELVING	
<b>Solicitation No. - N° de l'invitation</b> E0225-132031/A	<b>Amendment No. - N° modif.</b> 001
<b>Client Reference No. - N° de référence du client</b> E0225-13-2031	<b>Date</b> 2012-12-10
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$HAL-219-8828	
<b>File No. - N° de dossier</b> HAL-2-69251 (219)	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin</b> <b>at - à 02:00 PM</b> <b>on - le 2013-01-03</b>	
<b>Time Zone</b> Fuseau horaire Atlantic Standard Time AST	
<b>F.O.B. - F.A.B.</b> <b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input checked="" type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Richard, Linda K.	<b>Buyer Id - Id de l'acheteur</b> hal219
<b>Telephone No. - N° de téléphone</b> (902) 496-5261 ( )	<b>FAX No. - N° de FAX</b> (902) 496-5016
<b>Destination - of Goods, Services, and Construction:</b> <b>Destination - des biens, services et construction:</b>	

Instructions: See Herein

Instructions: Voir aux présentes

<b>Delivery Required - Livraison exigée</b>	<b>Delivery Offered - Livraison proposée</b>
<b>Vendor/Firm Name and Address</b> Raison sociale et adresse du fournisseur/de l'entrepreneur	
<b>Telephone No. - N° de téléphone</b> <b>Facsimile No. - N° de télécopieur</b>	
<b>Name and title of person authorized to sign on behalf of Vendor/Firm</b> (type or print) <b>Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)</b>	
<b>Signature</b>	<b>Date</b>

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## AMENDMENT NO. 1

This amendment is issued in response to the following question.

### Question #1 - 8.4 Schedule

"With reference to the above mentioned tender, please advise how many shelf levels (including the top and bottom) are required in each of the shelving bays in each of the following rooms:

A. Provide Open-Type Metal Storage Shelving as indicated on layout sketches:

SK-01, SK-02, SK-03, SK-05, SK-06, SK-07, SK-08, SK-16, SK-19, SK-25.

B. Provide Closed-Type Metal Storage Shelving as indicated on layout sketches:

SK-3, SK-4, SK-5, SK-6, SK-7, SK-9, SK-10, SK-11, SK-12, SK-13, SK-14, SK-15, SK-17, SK-18, SK-20, SK-21, SK-22, SK-23, SK-24.

### Answer #1

A. Open type metal shelving to have 8 shelves including the top and bottom.

B. Closed type metal shelving to have 6 shelves including the top and bottom.

### Question #2

What is the minimum amount of weight that each shelf should be able to carry? Is every shelf in each unit required to carry 650 lbs., maximum load, or is this per shelf unit?

### Answer #2

Each shelf per unit is to hold a minimum weight of 650 lbs.

*All other terms and conditions remain unchanged.*