

**RETURN BIDS TO:**  
**RETOURNER LES SOUMISSIONS À:**  
Bid Receiving Public Works & Government Services  
Canada/Réception des soumissions Travaux publics et  
Services gouvernementaux Canada  
1713 Bedford Row  
Halifax, N.S./Halifax,(N.E.)  
B3J 1T3  
Halifax  
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**  
Real Property Contracting  
1713 Bedford Row  
P.O. Box 2247/C.P.2247  
Halifax, N.S./Halifax, (N.E.)  
B3J 3C9  
Halifax

<b>Title - Sujet</b> INSTALL SUSPENDED CEILINGS	
<b>Solicitation No. - N° de l'invitation</b> E0225-142501/A	<b>Amendment No. - N° modif.</b> 001
<b>Client Reference No. - N° de référence du client</b> 20142501	<b>Date</b> 2014-03-05
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$PWA-110-5066	
<b>File No. - N° de dossier</b> PWA-3-70129 (110)	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2014-03-17</b>	<b>Time Zone</b> Fuseau horaire Atlantic Daylight Saving Time ADT
<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> Collier (PWA), Susan	<b>Buyer Id - Id de l'acheteur</b> pwa110
<b>Telephone No. - N° de téléphone</b> (902) 496-5350 ( )	<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> <b>Raison sociale et adresse du fournisseur/de l'entrepreneur</b>	
<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 (type or print)</b> <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>

---

Amendement 001 est délivré à intégrer les éléments suivants:

Référence Spécifications:

supprimer:

Section 01 35 54 Les besoins de sécurité du site - Supprimer dans son intégralité

insérer :

Section 01 35 54 Les besoins de sécurité du site

Annexe A forme «facilité de la GRC Access 2 " ( ci-joints ) et former «Dépistage 330 - 23E sécurité, de consentement et d'autorisation ( joint ci-après) .

supprimer:

SUPPRIMER : para.1.4.1 et 1.4.1.1

insérer :

par. 1.4.2 s'appliquent à ce projet que tous les domaines sont considérés comme sûrs et nécessitant une escorte . Contact pour le Corps canadien des commissionnaires est le capitaine B. MacKenzie , directeur du Centre des opérations , (902) 434 0800 Ext 241 ,  
bmackenzie@commissionnaires.ns.ca

Dessins de référence :

ASK 506 :

insérer :

Les deux espaces indiquant les nouveaux plafonds C1 sont boutiques actives complets avec des stations de travail et des tables de travail . Une combinaison des ascenseurs et des échelles sera nécessaire pour accéder à des zones de travail . Veiller à aucun poste de travail sont endommagés et sont couverts pour la protection . Remplacer tout endommagé par nouvelle installation .

Les autres termes et conditions restent les mêmes

# RCMP Facility Access 2

## Escort Required Inside RCMP Facilities

### Personnel Security Screening Requirements

SRCL NARMS #: \_\_\_\_\_

Project Authority/  
Hiring Manager \_\_\_\_\_

HRMIS #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_

Location of Work: \_\_\_\_\_

Employee Type: Contractor \_\_\_\_\_

Dates of Contract: \_\_\_\_\_

#### STEP ONE - HIRING MANAGER / PROJECT AUTHORITY

Action	Document	Description	Status
SRCL	<u>TBS 350-103</u>	To start the process, the Security Requirement Checklist (SRCL) document is required. <a href="http://www.tbs-sct.gc.ca/tbsf-fsct/350-103_e.asp">http://www.tbs-sct.gc.ca/tbsf-fsct/350-103_e.asp</a>	
HRMIS Number	<u>Form 4023</u>	Hiring Manager completes and sends it to: <a href="mailto:ARA_Security_Screening_Mailbox.Hdiv_ARA@rcmp-grc.gc.ca">ARA_Security_Screening_Mailbox.Hdiv_ARA@rcmp-grc.gc.ca</a>	
Consent	<u>TBS 330-23</u>	Personnel Screening, Consent and Authorization Form. Hiring Manager completes Part A. Use the attached form or if you use the link, select the <b>PDF Fillable</b> form. <b>Please add Law Enforcement Records Check on No 5 on page 2.</b>	

#### STEP TWO - APPLICANT

Documents	Photo ID (Driver's License or other Signature Bearing photo ID)	Drivers License Photocopy ( <b>front and back</b> ) must be verified and signed by the Hiring Manager or Project Authority	
	<u>TBS 330-23</u>	Applicant completes <b>Parts B and C</b> . In Part C applicants <b>initials one, two &amp; five and the applicants signs/dates at the bottom of Part C</b> . Use the attached form or if you use the link, select the <b>PDF Fillable</b> form. <b>Please add Law Enforcement Records Check on No 5 on page 2.</b> <a href="http://www.tbs-sct.gc.ca/tbsf-fsct/330-23_e.asp">http://www.tbs-sct.gc.ca/tbsf-fsct/330-23_e.asp</a>	

#### STEP THREE – HIRING MANAGER / PROJECT AUTHORITY

Mail this document (with the requested information at the top of the page filled in) and original documents to:  
Atlantic Region DSS, Personnel Security, Mail Stop # H-057, 80 Garland Ave, Dartmouth, NS B3B 0J8

Submitted by (Name): \_\_\_\_\_ Phone #: \_\_\_\_\_



**PERSONNEL SCREENING,  
CONSENT AND AUTHORIZATION FORM**

OFFICE USE ONLY		
Reference number	Department/Organization number	File number

NOTE: For Privacy Act Statement refer to Section C of this form and for completion instructions refer to attached instructions.  
Please typewrite or print in block letters.

**A ADMINISTRATIVE INFORMATION (To be completed by the Authorized Departmental/Agency/Organizational Official)**

<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Transfer	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Re-activation
The requested level of reliability/security check(s)					
<input type="checkbox"/> Reliability Status	<input type="checkbox"/> Level I (CONFIDENTIAL)	<input type="checkbox"/> Level II (SECRET)	<input type="checkbox"/> Level III (TOP SECRET)		
<input type="checkbox"/> Other _____					
<b>PARTICULARS OF APPOINTMENT/ASSIGNMENT/CONTRACT</b>					
<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Term	<input type="checkbox"/> Contract	<input type="checkbox"/> Industry	<input type="checkbox"/> Other (specify secondment, assignment, etc.) _____	
Justification for security screening requirement					
Position/Competition/Contract number		Title		Group/Level (Rank if applicable)	
Employee ID number/PRI/Rank and Service number (if applicable)		If term or contract, indicate duration period ▶		From	To
Name and address of department / organization / agency		Name of official		Telephone number ( )	Facsimile number ( )

**B BIOGRAPHICAL INFORMATION (To be completed by the applicant)**

Surname (Last name)		Full given names (no initials) underline or circle usual name used			Family name at birth			
All other names used (i.e. Nickname)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth Y M D 		Country of birth		Date of entry into Canada if born outside Canada Y M D 	
RESIDENCE (provide addresses for the last five years, starting with the most current) Home address			Daytime telephone number ( )			E-mail address		
1	Apartment number	Street number	Street name		Civic number (if applicable)	From Y M		To present
	City		Province or state	Postal code	Country	Telephone number ( )		
2	Apartment number	Street number	Street name		Civic number (if applicable)	From Y M		To Y M
	City		Province or state	Postal code	Country	Telephone number ( )		
Have you previously completed a Government of Canada security screening form? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, give name of employer, level and year of screening. Y 			
<b>CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions)</b>								
Have you ever been convicted of a criminal offence for which you have not been granted a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, give details. (charge(s), name of police force, city, province/state, country and date of conviction) ▼			
Charge(s)			Name of police force			City		
Province/State			Country			Date of conviction ▶ Y M D 		





Government  
of Canada

Gouvernement  
du Canada

**PERSONNEL SCREENING,  
CONSENT AND AUTHORIZATION FORM**

PROTECTED (when completed)

Surname and full given names	Date of birth Y M D
------------------------------	------------------------

**C CONSENT AND VERIFICATION (To be completed by the applicant and authorized Departmental/Agency/Organizational Official)**

Checks Required (See Instructions)	Applicant's Initials	Name of official (print)	Official's Initials	Official's Telephone number
1. <input type="checkbox"/> Date of birth, address, education, professional qualifications, employment history, personal character references				( )
2. <input type="checkbox"/> Criminal record check				( )
3. <input type="checkbox"/> Credit check (financial assessment, including credit records check)				( )
4. <input type="checkbox"/> Loyalty (security assessment only)				
5. <input type="checkbox"/> Other (specify, see instructions)				( )

**The Privacy Act Statement**

The information on this form is required for the purpose of providing a security screening assessment. It is collected under the authority of subsection 7(1) of the *Financial Administration Act* and the Government Security Policy (GSP) of the Government of Canada, and is protected by the provisions of the *Privacy Act* in institutions that are covered by the *Privacy Act*. Its collection is mandatory. A refusal to provide information will lead to a review of whether the person is eligible to hold the position or perform the contract that is associated with this Personnel Screening Request. Depending on the level of security screening required, the information collected by the government institution may be disclosed to the Royal Canadian Mounted Police (RCMP) and the Canadian Security Intelligence Service (CSIS), which conduct the requisite checks and/or investigation in accordance with the GSP and to entities outside the federal government (e.g. credit bureaus). It is used to support decisions on individuals working or applying to work through appointment, assignment or contract, transfers or promotions. It may also be used in the context of updating, or reviewing for cause, the reliability status, security clearance or site access, all of which may lead to a re-assessment of the applicable type of security screening. Information collected by the government institution, and information gathered from the requisite checks and/or investigation, may be used to support decisions, which may lead to discipline and/or termination of employment or contractual agreements. The personal information collected is described in Standard PIB PSU 917 (Personnel Security Screening) which is used by all government agencies, except the Department of National Defence PIB DND/PPE 834 (Personnel Security Investigation File), RCMP PIB CMP PPU 065 (Security/Reliability Screening Records), CSIS PIB SIS PPE 815 (Employee Security), and PWGSC PIB PWGSC PPU 015 (Personnel Clearance and Reliability Records) used for Canadian Industry Personnel. Personal information related to security assessments is also described in the CSIS PIB SIS PPU 005 (Security Assessments/Advice).

I, the undersigned, do consent to the disclosure of the preceding information including my photograph for its subsequent verification and/or use in an investigation for the purpose of providing a security screening assessment. By consenting to the above, I acknowledge that the verification and/or use in an investigation of the preceding information may also occur when the reliability status, security clearance or site access are updated or otherwise reviewed for cause under the Government Security Policy. My consent will remain valid until I no longer require a reliability status, a security clearance or a site access clearance, my employment or contract is terminated, or until I otherwise revoke my consent, in writing, to the authorized security official.

Signature

Date (Y/M/D)

**D REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official responsible for ensuring the completion of sections A, B and C)**

Name and title	Telephone number
Address	Facsimile number

**E APPROVAL (To be completed by authorized Departmental/Agency/Organizational Security Official only)**

I, the undersigned, as the authorized security official, do hereby approve the following level of screening.

Reliability Status

☐ Approved Reliability Status ☐ Not approved

\_\_\_\_\_  
Name and title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (Y/M/D)

Security Clearance (if applicable)

☐ Level I ☐ Level II ☐ Level III ☐ Not recommended

\_\_\_\_\_  
Name and title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (Y/M/D)

Comments

\_\_\_\_\_

\_\_\_\_\_

**PHOTO**  
(for Level III T.S.,  
and/or upon request  
- see instructions)