

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

Title - Sujet INSTALL SUSPENDED CEILINGS	
Solicitation No. - N° de l'invitation E0225-142501/A	Amendment No. - N° modif. 001
Client Reference No. - N° de référence du client 20142501	Date 2014-03-05
GETS Reference No. - N° de référence de SEAG PW-\$PWA-110-5066	
File No. - N° de dossier PWA-3-70129 (110)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2014-03-17	Time Zone Fuseau horaire Atlantic Daylight Saving Time ADT
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Collier (PWA), Susan	Buyer Id - Id de l'acheteur pwa110
Telephone No. - N° de téléphone (902) 496-5350 ()	FAX No. - N° de FAX (902) 496-5016
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	

Instructions: See Herein

Instructions: Voir aux présentes

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

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. http://www.tbs-sct.gc.ca/tbsf-fsct/350-103_e.asp	
HRMIS Number	<u>Form 4023</u>	Hiring Manager completes and sends it to: AR_Security_Screening_Mailbox.Hdiv_ARA@rcmp-grc.gc.ca	
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 PDF Fillable form. Please add Law Enforcement Records Check on No 5 on page 2.	

STEP TWO - APPLICANT

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

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)

New
 Update
 Upgrade
 Transfer
 Supplemental
 Re-activation

The requested level of reliability/security check(s)

Reliability Status
 Level I (CONFIDENTIAL)
 Level II (SECRET)
 Level III (TOP SECRET)

Other _____

PARTICULARS OF APPOINTMENT/ASSIGNMENT/CONTRACT

Indeterminate
 Term
 Contract
 Industry
 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 Male 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? Yes No If yes, give name of employer, level and year of screening. _____ Y | | |

CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions)

Have you ever been convicted of a criminal offence for which you have not been granted a pardon? Yes 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

