

Appendix 3- Qualification Forms

General

For each position, submit documentation of previous experience for verification and approval. Include a brief description of each project, the owner and contact person's name and current phone number for each project listed.

Any Bid that fails to submit the required information or fails to meet any of the mandatory qualifications above shall be declared non-compliant and shall receive no further consideration. "Envelope Two - PRICE", shall be returned unopened, for any bid declared non-compliant.

APPENDIX 3 - QUALIFICATIONS FORM

**FORM NO. 2A
MOVABLE BRIDGE CONSTRUCTION SPECIALIST
PROJECT ONE**

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 – QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Type of Work (please select one of the following):

Tower Driven Vertical Lift Bridge
Span Driven Vertical Lift Bridge
Leaf Bascule Bridge

Description of Work: _____

Final Completion Date: _____

Final Value of all Work: _____

Name of Movable Bridge Construction Specialist: _____

Telephone: _____

Contact Name of Project Client: _____

E-mail address & Telephone: _____

This is to certify that we acted as the Movable Bridge Construction Specialist for the project referenced above

Signature

Experience Certification (for individual identified above):

Total number of years experience as a Movable Bridge Construction Specialist : _____

Signature

FORM NO. 2B
MOVABLE BRIDGE CONSTRUCTION SPECIALIST
PROJECT TWO

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 – QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Type of Work (please select one of the following):

Tower Driven Vertical Lift Bridge
Span Driven Vertical Lift Bridge
Leaf Bascule Bridge

Description of Work: _____

Final Completion Date: _____

Final Value of all Work: _____

Name of Movable Bridge Construction Specialist: _____

Telephone: _____

Contact Name of Project Client: _____

E-mail address & Telephone: _____

This is to certify that we acted as the Movable Bridge Construction Specialist for the project referenced above

Signature

Experience Certification (for individual identified above):

Total number of years experience as a Movable Bridge Construction Specialist : _____

Signature

FORM NO. 3A
BRIDGE CONTROL SYSTEM INTEGRATOR
PROJECT ONE

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 – QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Type of Work (please select one of the following):

Tower Driven Vertical Lift Bridge
Span Driven Vertical Lift Bridge
Leaf Bascule Bridge

Description of Work: _____

Final Completion Date: _____

Final Value of all Work: _____

Name of Bridge Control System Integrator: _____

Telephone: _____

Contact Name of Project Client: _____

E-mail address & Telephone: _____

This is to certify that we acted as the Bridge Control System Integrator for the project referenced above

Signature

Experience Certification (for individual identified above):

Total number of years experience as a Bridge Control System Integrator : _____

Signature

FORM NO. 3B
BRIDGE CONTROL SYSTEM INTEGRATOR
PROJECT TWO

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 – QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Type of Work (please select one of the following):

Tower Driven Vertical Lift Bridge
Span Driven Vertical Lift Bridge
Leaf Bascule Bridge

Description of Work: _____

Final Completion Date: _____

Final Value of all Work: _____

Name of Bridge Control System Integrator: _____

Telephone: _____

Contact Name of Project Client: _____

E-mail address & Telephone: _____

This is to certify that we acted as the Bridge Control System Integrator for the project referenced above

Signature

Experience Certification (for individual identified above):

Total number of years experience as a Bridge Control System Integrator : _____

Signature

FORM NO. 4A
SYSTEM COMMISSIONING ADMINISTRATOR
PROJECT ONE

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 – QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Type of Work (please select one of the following):

Tower Driven Vertical Lift Bridge
Span Driven Vertical Lift Bridge
Leaf Bascule Bridge

Description of Work: _____

Final Completion Date: _____

Final Value of all Work: _____

Name of System Commissioning Administrator: _____

Telephone: _____

Contact Name of Project Client: _____

E-mail address & Telephone: _____

This is to certify that we acted as the System Commissioning Administrator for the project referenced above

Signature

Experience Certification (for individual identified above):

Total number of years experience as a System Commissioning Administrator: _____

Signature

FORM NO. 4B
SYSTEM COMMISSIONING ADMINISTRATOR
PROJECT TWO

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 – QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Type of Work (please select one of the following):

- Tower Driven Vertical Lift Bridge
- Span Driven Vertical Lift Bridge
- Leaf Bascule Bridge

Description of Work: _____

Final Completion Date: _____

Final Value of all Work: _____

Name of System Commissioning Administrator: _____

Telephone: _____

Contact Name of Project Client: _____

E-mail address & Telephone: _____

This is to certify that we acted as the System Commissioning Administrator for the project referenced above

Signature

Experience Certification (for individual identified above):

Total number of years experience as a System Commissioning Administrator: _____

Signature

**FORM NO. 5A
HEAVY MACHINERY SPECIALIST
PROJECT ONE**

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 – QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Description of Work: _____

Final Completion Date: _____

Final Value of all Work: _____

Name of Heavy Machinery Specialist: _____

Telephone: _____

Contact Name of Project Client: _____

E-mail address & Telephone: _____

This is to certify that we acted as the Heavy Machinery Specialist for the project referenced above

Signature

Experience Certification (for individual identified above):

Total number of years experience as a Heavy Machinery Specialist: _____

Signature

**FORM NO. 5B
HEAVY MACHINERY SPECIALIST
PROJECT TWO**

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 – QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Description of Work: _____

Final Completion Date: _____

Final Value of all Work: _____

Name of Heavy Machinery Specialist: _____

Telephone: _____

Contact Name of Project Client: _____

E-mail address & Telephone: _____

This is to certify that we acted as the Heavy Machinery Specialist for the project referenced above

Signature

Experience Certification (for individual identified above):

Total number of years experience as a Heavy Machinery Specialist: _____

Signature

**FORM NO. 5C
HEAVY MACHINERY SPECIALIST
PROJECT THREE**

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 – QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Description of Work: _____

Final Completion Date: _____

Final Value of all Work: _____

Name of Heavy Machinery Specialist: _____

Telephone: _____

Contact Name of Project Client: _____

E-mail address & Telephone: _____

This is to certify that we acted as the Heavy Machinery Specialist for the project referenced above

Signature

Experience Certification (for individual identified above):

Total number of years experience as a Heavy Machinery Specialist: _____

Signature

**FORM NO. 5D
HEAVY MACHINERY SPECIALIST
PROJECT FOUR**

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 – QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Description of Work: _____

Final Completion Date: _____

Final Value of all Work: _____

Name of Heavy Machinery Specialist: _____

Telephone: _____

Contact Name of Project Client: _____

E-mail address & Telephone: _____

This is to certify that we acted as the Heavy Machinery Specialist for the project referenced above

Signature

Experience Certification (for individual identified above):

Total number of years experience as a Heavy Machinery Specialist: _____

Signature

**FORM NO. 6A
HEAVY MACHINERY MECHANICS
PROJECT ONE**

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 – QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Description of Work: _____

Final Completion Date: _____

Final Value of all Work: _____

Name of Heavy Machinery Mechanic: _____

Telephone: _____

Contact Name of Project Client: _____

E-mail address & Telephone: _____

This is to certify that we acted as the Heavy Machinery Mechanic for the project referenced above

Signature

Experience Certification (for individual identified above):

Total number of years experience as a Heavy Machinery Mechanic: _____

Signature

FORM NO. 6B
HEAVY MACHINERY MECHANICS
PROJECT TWO

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 – QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Description of Work: _____

Final Completion Date: _____

Final Value of all Work: _____

Name of Heavy Machinery Mechanic: _____

Telephone: _____

Contact Name of Project Client: _____

E-mail address & Telephone: _____

This is to certify that we acted as the Heavy Machinery Mechanic for the project referenced above

Signature

Experience Certification (for individual identified above):

Total number of years experience as a Heavy Machinery Mechanic: _____

Signature

**FORM NO. 7A
HEAVY MACHINERY MANUFACTURERS
PROJECT ONE**

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 – QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Description of Work: _____

Final Completion Date: _____

Final Value of all Work: _____

Name of Heavy Machinery Manufacturer: _____

Telephone: _____

Contact Name of Project Client: _____

E-mail address & Telephone: _____

This is to certify that we acted as the Heavy Machinery Manufacturer for the project referenced above

Signature

Experience Certification (for individual identified above):

Total number of years experience as a Heavy Machinery Manufacturer: _____

Signature

**FORM NO. 8A
BRIDGE CONTROL SYSTEM SUPPLIER
PROJECT ONE**

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 – QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Description of Work: _____

Final Completion Date: _____

Final Value of all Work: _____

Name of Bridge Control System Supplier: _____

Telephone: _____

Contact Name of Project Client: _____

E-mail address & Telephone: _____

This is to certify that we acted as the Bridge Control System Supplier for the project referenced above

Signature

Experience Certification (for individual identified above):

Total number of years experience as a Bridge Control System Supplier: _____

Signature

**FORM NO. 8B
BRIDGE CONTROL SYSTEM SUPPLIER
PROJECT TWO**

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 – QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Description of Work: _____

Final Completion Date: _____

Final Value of all Work: _____

Name of Bridge Control System Supplier: _____

Telephone: _____

Contact Name of Project Client: _____

E-mail address & Telephone: _____

This is to certify that we acted as the Bridge Control System Supplier for the project referenced above

Signature

Experience Certification (for individual identified above):

Total number of years experience as a Bridge Control System Supplier: _____

Signature

