



RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
Regional Manager/Real Property
Contracting/PWGSC
Ontario Region, Tendering Office
12th Floor, 4900 Yonge Street
Toronto, Ontario
M2N 6A6
Ontario

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
Regional Manager/Real Property Contracting/PWGSC
Ontario Region, Tendering Office
12th Floor, 4900 Yonge Street
Toronto, Ontario
M2N 6A6
Ontario

Title - Sujet roof replacement animal pathology	
Solicitation No. - N° de l'invitation EQ754-162033/A	Amendment No. - N° modif. 002
Client Reference No. - N° de référence du client R.074570.001	Date 2016-01-18
GETS Reference No. - N° de référence de SEAG PW-\$PWL-012-2099	
File No. - N° de dossier PWL-5-38179 (012)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2016-01-26	
Time Zone Fuseau horaire Eastern Standard Time EST	
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: Caporusso, Mary	Buyer Id - Id de l'acheteur pwl012
Telephone No. - N° de téléphone (416) 512-5859 ()	FAX No. - N° de FAX (416) 512-5862
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction: Health Canada Pathology Lab 110 Stone Road Guelph, ON X1X 1X1	

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

Solicitation No. - N° de l'invitation EQ754-162033 /A	Amd. No. - N° de la modif.	Buyer ID - Id de l'acheteur pwl012
Client Ref. No. - N° de réf. du client R.074570.001	File No. - N° du dossier .PWL-5-38179	CCC No./N° CCC - FMS No/ N° VME

Amendment No. 2 is being issued to provide a question and answer regarding solicitation document at Appendix 4- Form 3.

Q1. The spec is based on 2-ply modified bitumen. Could you confirm that the question is supposed to read "2-ply modified bitumen" not "Polyvinyl".

Was the roof installation type for this project that of Polyvinyl Yes (___) No (___)

A1. Yes it should read 2-ply modified bitumen. Refer to Revised Appendix 4 – Form 3.

Solicitation – Appendix 4 – Form 3

Delete: Appendix 4 – Form 3 in its entirety.

Replace with: Revised Appendix 4 – Form 3.

Solicitation No. - N° de l'invitation EQ754-162033 /A	Amd. No. - N° de la modif.	Buyer ID - Id de l'acheteur pwl012
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REVISED

APPENDIX 4 - QUALIFICATIONS FORM FORM No. 3

ROOFER'S EXPERIENCE (Please print copies for as many roofer as you have.) THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 – QUALIFICATIONS

2. Demonstrate Roofer's individual experience as follows:

Each Roofer, specified to work on this solicitation, MUST demonstrate a minimum of three (3) years of experience, and have successfully completed one (1) 2-Ply Modified Bituminous Sheet roofing type project, within the last two (2) years. The projects must be similar size and scope as per the solicitation where the surface area of the roofing must be 1,000 square metres or greater.

For each Roofer specified, the Contractor MUST complete the 'Roofer Information' section.

2a. Roofers Information (Please print and attach more copies if required.)

Roofer's Name: _____
 Years of Experience: _____
 Project Title: _____
 Project Location: _____
 Project Completion Date: _____
 Project Description: _____

 Size of the Project:
 (Surface area of the roof) _____ Square Metres
 Project Client: _____
 Contact Information: Name: _____
 Telephone no.: _____ Fax: _____
 E-mail address: _____

Was the roof installation type for this project that of 2-Ply modified bituminous sheet roofing, completed in the last two (2) years? Yes (___) No (___)

I, the undersigned, hereby certify that the information provided herein is accurate to the best of my knowledge.

Name (print): _____ Title: _____

Signature: _____ Date: _____

Please be advised PWGSC reserves the right to contact the person named above to verify the information contained herein.

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Client Ref. No. - N° de réf. du client R.074570.001	File No. - N° du dossier PWL-5-38179	CCC No./N° CCC - FMS No/ N° VME

ANNEX A - CERTIFICATE OF INSURANCE (Not required at solicitation closing)