



RETURN BIDS TO:

RETOURNER LES SOUMISSIONS À:

Public Works and Government Services / Travaux
publics et services gouvernementaux
Kingston Procurement
Des Acquisitions Kingston
86 Clarence Street, 2nd floor
Kingston
Ontario
K7L 1X3
Bid Fax: (613) 545-8067

**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

There is a security requirement associated with this
document.

Vendor/Firm Name and Address

Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution

Public Works and Government Services / Travaux
publics et services gouvernementaux
Kingston Procurement
Des Acquisitions Kingston
86 Clarence Street, 2nd floor
Kingston
Ontario
K7L 1X3

Title - Sujet Inspection Overhead Crane/ Hoist/Mo	
Solicitation No. - N° de l'invitation W0125-15K007/A	Amendment No. - N° modif. 003
Client Reference No. - N° de référence du client W0125-15-K007	Date 2016-03-23
GETS Reference No. - N° de référence de SEAG PW-\$KIN-508-6854	
File No. - N° de dossier KIN-5-44058 (508)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2016-04-20	
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: Weaver, Tammy	Buyer Id - Id de l'acheteur kin508
Telephone No. - N° de téléphone (613) 484-1809 ()	FAX No. - N° de FAX (613) 545-8067
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

Solicitation No. - N° de l'invitation
W0125-15K007/A
Client Ref. No. - N° de réf. du client
W0125-15-K007

Amd. No. - N° de la modif.
03
File No. - N° du dossier
KIN-5-44058

Buyer ID - Id de l'acheteur
KIN508
CCC No./N° CCC - FMS No./N° VME

Annex "A" – Statement of Work

9.0 Service, Repair and Operational Inspections

Delete:

9.2 Emergency service or repair will be identified at the time of Task Authorization.
Emergency service call response time must be scheduled and underway within 24 hours from receipt of the authorized Task Authorization.

Insert:

9.2 Emergency service or repair will be identified at the time of Task Authorization.
Emergency service call response time must be scheduled and underway within 4 hours from receipt of the authorized Task Authorization.

ANNEX "B"

BASIS OF PAYMENT

Delete attached Excel Spreadsheet Annex "B"
Replace with Excel Spreadsheet Annex B (amendment 3)

Delete attached Excel Spreadsheet Annex "D", List of Cranes
Replace with Excel Spreadsheet Annex D (amendment 3) List of Cranes