



LAND DEVELOPMENT CONTRACTOR QUALIFICATION STATEMENT

This document is intended to provide information on the capacity, skill, and experience of the Contractor and must be completed in its entirety.

A. City Project Number: _____

Project Location: _____

Contractor Company Name: _____

Address: _____

Phone: _____

Email: _____

B. Key Site Personnel Proposed for the Project:

Name:

Title/Position:

C. Sub-contractors Proposed for the Project:

Company Name:

Contact Person(s):

D. Safety Training (✓ all that apply)

- First Aid Level 1
- Confined Space
- Workplace Hazardous Materials Information System (WHMIS)
- Excavation Safety
- Asbestos & Silica
- Traffic Control

E. Similar or Related Projects Completed: This work experience component must represent projects of similar scope, nature, and value to the Works and Services identified in the Servicing Agreement drawings.

1. Project Title: _____

Date Completed: _____

Project Value: _____

Location: _____

Key Site Personnel: _____

Owner: _____

Contact Person(s): _____

Phone: _____

Email: _____

Consultant: _____

Contact Person(s): _____

Phone: _____

Email: _____

Project Description (be specific, especially with respect to utility and/or road construction within municipal road allowances or statutory rights-of-way):

2. **Project Title:** _____

Date Completed: _____ Project Value: _____

Location: _____

Key Site Personnel: _____

Owner: _____

Contact Person(s): _____

Phone: _____

Email: _____

Consultant: _____

Contact Person(s): _____

Phone: _____

Email: _____

Project Description (be specific, especially with respect to utility and/or road construction within municipal road allowances or statutory rights-of-way):

3. **Project Title:** _____

Date Completed:

Project Value:

Location: _____

Key Site Personnel: _____

Owner: _____

Contact Person(s): _____

Phone: _____

Email: _____

Consultant: _____

Contact Person(s): _____

Phone: _____

Email: _____

Project Description (be specific, especially with respect to utility and/or road construction within municipal road allowances or statutory rights-of-way):

F. Professional References: Minimum of three. Examples include Engineer of Record, Consultant Field Inspector, Non-City of Surrey Staff, etc.

1. Name:	Title/Position:
_____	_____
Phone: _____	
Email: _____	
2. Name:	Title/Position:
_____	_____
Phone: _____	
Email: _____	
3. Name:	Title/Position:
_____	_____
Phone: _____	
Email: _____	

Contractor Representative's Signature:

Print Name

Signature

Date