



Truck and Equipment Hiring Inventory Submission

The Municipal District of Bonnyville is creating a list of available trucks and equipment to be used when selecting contract equipment for hire **as and when needed** for delivery of construction and maintenance services.

The Department of Transportation and Utilities will maintain a list of available equipment/trucks which will be updated and renewed on an annual basis.

To be added to the list, please complete the form below and submit to Transportation and Utilities office in person at 61330 Rge. Rd. 455, via mail at 4905-50 Ave. Bonnyville, AB, T9N 2J7 or via email at publicworks@md.bonnyville.ab.ca.

For more information, please call 780-826-3951. To read the policy, visit <http://bit.ly/MDHiringTrucksEquipmentPolicy>.

Bidder: _____

Address: _____ **Phone:** _____

Email: _____

Equipment Type, Model, Year (to list more equipment, please list on back):

Licensed Axel Weight: _____ **CVIP:** _____

Rates: \$ _____ per Hourly Lump Sum Unit Tonnes per Mile

Previous Experience Working With the M.D.? _____

I certify that the statements made by me in this application are true and complete. I understand and agree that a false statement may disqualify me from contract with the Municipal District of Bonnyville No. 87.

Signature: _____ **Date:** _____

1 - Equipment Type, Model, Year (to list more equipment, please list on back):

Licensed Axel Weight: _____ CVIP: _____

Rates: \$ _____ per Hourly Lump Sum Unit Tonnes per Mile

2 - Equipment Type, Model, Year (to list more equipment, please list on back):

Licensed Axel Weight: _____ CVIP: _____

Rates: \$ _____ per Hourly Lump Sum Unit Tonnes per Mile

3 - Equipment Type, Model, Year (to list more equipment, please list on back):

Licensed Axel Weight: _____ CVIP: _____

Rates: \$ _____ per Hourly Lump Sum Unit Tonnes per Mile

4 - Equipment Type, Model, Year (to list more equipment, please list on back):

Licensed Axel Weight: _____ CVIP: _____

Rates: \$ _____ per Hourly Lump Sum Unit Tonnes per Mile

5 - Equipment Type, Model, Year (to list more equipment, please list on back):

Licensed Axel Weight: _____ CVIP: _____

Rates: \$ _____ per Hourly Lump Sum Unit Tonnes per Mile

6 - Equipment Type, Model, Year (to list more equipment, please list on back):

Licensed Axel Weight: _____ CVIP: _____

Rates: \$ _____ per Hourly Lump Sum Unit Tonnes per Mile

CONTRACTING EMPLOYER PRE-QUALIFICATION



**MUNICIPAL DISTRICT
BONNYVILLE NO. 87**

Please forward this document and the following information to M.D. Contract Representative

Company Name: _____ Date: _____

Company Address: _____

Scope of Work: _____

CONTRACTOR'S PROJECT SITE MANAGER

Name: _____

Phone: _____

Email: _____

CONTRACTOR'S SAFETY REPRESENTATIVE

Name: _____

Phone: _____

Email: _____

QUESTIONS

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. Have you had any fatalities within the last three years?
If yes, submit an Action Plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had any OHS orders issued against this company within the last three years?
If yes, submit an Action Plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any Alberta Environmental Orders issued within the last three years?
If yes, submit an Action Plan. | <input type="checkbox"/> | <input type="checkbox"/> |

SUPPORTING DOCUMENTATION (please include documents with this form)

- | | | |
|--|--------------------------|--------------------------|
| 1. Certificate of Recognition (COR, SECOR, TLC) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Current WCB Premium Rate Statement | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. WCB Clearance Letter issued within 30 days | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Hazard Assessments appropriate for the project | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Safe Work Procedures appropriate for project | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Insurance Certificate(s) that includes: | | |
| • Commercial General Liability – minimum \$2,000,000 (\$5,000,000 preferred) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Coverage for owned and hired motor vehicles | <input type="checkbox"/> | <input type="checkbox"/> |
| • M.D. of Bonnyville No. 87 listed as additional insured | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER DOCUMENTS THAT MAY BE REQUIRED PRIOR TO COMMENCING WORK

- Emergency Response Plan for the project
- Ability to provide Safety/Training Certificates for onsite employees if requested (eg. First Aid, trades, WHMIS, etc.)
- Health, Safety, and Environmental Manual

AUTHORIZED COMPANY REPRESENTATIVE

Print Name: _____

Signature: _____

Date: _____

AUTHORIZED M.D. REPRESENTATIVE

Print Name: _____

Signature: _____

Date: _____

- Acceptable Conditional (attach Action Plan)
 Unacceptable