

Great Lakes Power

GLPT Pre-Qualification Program Annual Update by Service Provider/Contractor

This form must be completed and returned with all supporting documents to Great Lakes Power Transmission LP by its General Partner, Great Lakes Power Transmission Inc. (GLPT).

Submit the completed form to the attention of:

GLPT Pre-Qualification Program, Suite B, 2 Sackville Road, Sault Ste. Marie, ON P6B 6J6.

Part A: BUSINESS/CORPORATE INFORMATION		
Business/Corporate Legal Name:		
Address:		
Contact Name:		
Phone No.	Fax No.	E-mail:
Part B: BUSINESS OWNERSHIP & HISTORY		
Has there been a change in your business ownership? No <input type="checkbox"/> Yes <input type="checkbox"/>		
If yes, provide details:		
Have you been pre-qualified by an affiliated 'Brookfield' company since the date of your original pre-qualification approval by GLPT? No <input type="checkbox"/> Yes <input type="checkbox"/>		
If yes, provide details of 'Brookfield' affiliate(s), project(s) and pre-qualification approval date(s):		
Have you joined any organizations or associations; implemented any internal programs/committees; or initiated any new employee training since your original GLPT pre-qualification approval date? No <input type="checkbox"/> Yes <input type="checkbox"/>		
If yes, specify:		
Part C: INSURANCE		
Provide current liability insurance certificate(s)		

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Part D: SAFE WORK PERFORMANCE INDICATORS

Indicate and provide:

- A current WSIB Clearance Certificate
- Workplace Injury Summary Report
- NEER Report
- CAD-7 Report
- Equivalent report
Specify:

Part E: INCIDENTS, FINES & CONVICTIONS

Since your last reported information to GLPT, indicate and provide full details of:

- Any Ministry of Labour Orders to Comply
- Any convictions under the Occupational Health & Safety Act
- Any convictions under the Workplace Safety & Insurance Act, 1997
- Any environmental charges, fines or incidents

Attach a separate sheet if required.

Part F: DECLARATION

I declare that all information provided for the annual pre-qualification update is correct and complete.

Authorized Signature: _____

Date: _____

Note: ***GLPT reserves the right to verify information provided. Additional documentation may be requested by GLPT to support statements made herein. Omitting information or reporting false information could result in the disqualification or removal from GLPT's list of prequalified Service Providers/Contractors.***