

# Great Lakes Power

## Application for Pre-Qualification of Service Provider/Contractor

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

Submit the completed application to the attention of:

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

<b>Part A: BUSINESS/CORPORATE INFORMATION [ALL APPLICANTS MUST COMPLETE Part A]</b>		
Business/Corporate Legal Name:		
Head Office Address:		
Contact Name:		
Phone No.	Fax No.	E-mail:
Branch Office Address:		

<b>Part B: BUSINESS OWNERSHIP [ALL APPLICANTS MUST COMPLETE Part B]</b>
Describe your business ownership
<input type="checkbox"/> Independent Contractor
<input type="checkbox"/> Sole Proprietorship ( <i>Provide Business Name Registration</i> )
<input type="checkbox"/> Partnership
If a Partnership, specify type of partnership:
<input type="checkbox"/> Corporation ( <i>Provide a Certificate of Status or copy of Articles/Certificate of Incorporation</i> )
If a Corporation, do you carry on business under a trade name/style? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, specify name:
<b><i>Provide an organizational chart.</i></b>

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<b>Part C: BUSINESS HISTORY [ALL APPLICANTS MUST COMPLETE Part C]</b>		
Indicate the type of Service/Work you wish to be qualified for:		
Specify how long you've been performing this Service/Work:		
Are you now, or have you ever been qualified by a 'Brookfield' affiliate?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, provide details of 'Brookfield' affiliate(s) and qualification date(s):		
Total Number of Employees:		
Do you conduct Employee Orientations?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, do you include:		
Health & Safety awareness topics?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Environmental awareness topics?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you have an Employee Orientation Manual?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, provide an outline of the topics covered.		
Do you belong to any associations?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, specify:		
Do you have any Union affiliations?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, provide details including the expiry date(s) of the current collective agreement(s).		
Do you have a Joint Health & Safety Committee?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you have an:		
Environmental Committee?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Environmental Program, i.e. recycling?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Specify what standard training you provide to your employees, i.e. WHMIS/First Aid/CPR.		
Do you maintain records of employees' technical training, special licenses/professional registrations and other training histories?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you conduct employee criminal, driver's license or other checks?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Specify:		

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## Part D: SAFE WORK PERFORMANCE [ALL APPLICANTS MUST COMPLETE Part D]

Are you registered with the Workplace Safety & Insurance Board (WSIB)? No  Yes

If yes, provide:

- A current WSIB Clearance Certificate

Provide statistical data for the past 3 calendar years, and indicate which report you are submitting:

- Workplace Injury Summary Report
- NEER Report
- CAD-7 Report
- Equivalent report   
Specify:

Provide copies of insurance certificates evidencing liability coverages applicable to the Services/Work you wish to perform for GLPT.

In the past 3 years, indicate if you have:

- Received written orders to comply from the Ministry of Labour No  Yes
- Been convicted under the Occupational Health & Safety Act No  Yes
- Been found guilty of an offence under the Workplace Safety & Insurance Act, 1997 No  Yes
- Had any environmental charges, fines or incidents No  Yes

If you have answered yes to any of the above, provide full details:

***Attach a separate sheet if required.***

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<b>Part E: HEALTH &amp; SAFETY</b> <i>[ALL APPLICANTS APPLYING FOR SITE/FIELD WORK MUST COMPLETE Part E]</i>		
Do you have a written health and safety policy?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, please include copy.		
Do you have a written safety program?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, please provide copy of table of contents.		
Do you conduct written, pre-job hazard assessments, daily job plans and tailboard/toolbox meetings?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, provide a sample.		
Do you provide industry/trade specific safety training to your employees?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you conduct formal accident and incident investigations?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, does your investigation identify the root cause of the accident/incident?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

<b>Part F: ENVIRONMENT</b> <i>[ALL APPLICANTS APPLYING FOR SITE/FIELD WORK MUST COMPLETE Part F]</i>		
Do you have a written environmental policy?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Are you ISO certified?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you have an environmental management system?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you have written environmental management procedures?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Does your hazard assessment/job planning/tailboard meeting process include an environmental component?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, provide a sample indicating this.		
Do your employees receive environmental training, i.e. Transportation of Dangerous Goods, Spills & Emergency Response, Waste Management?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you have a Certificate of Approval?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, specify:		
Do you have any other environmental certifications specific to the Services/Work you perform?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, specify:		

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## ***Instructions:***

*Include any other details relevant to your Application on a separate page or in a cover letter.*

*Additional documentation may be requested by GLPT to support statements made on this Application.*

*Complete and sign the Declaration below when submitting your Application.*

**Part G:**

## **DECLARATION**

***[ALL APPLICANTS MUST COMPLETE Part G]***

**I declare that the information provided in this Application and the supporting documents is correct and complete.**

Business/Corporate  
Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Name & Position: \_\_\_\_\_

Date: \_\_\_\_\_

***Note: Omitting information or reporting false information could result in the disqualification or removal from GLPT's list of qualified Service Providers/Contractors. GLPT reserves the right to verify information contained in this Application.***