



# 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. Certified Safety Training:** The following certifications are **mandatory** for all contractors working in City rights-of-way. Contractors without the required certifications listed below will **not** be approved.

- 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 and should include projects completed within the last three years.

**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):**

\_\_\_\_\_  
\_\_\_\_\_

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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):**

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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