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Construction - Project Management - Property Maintenance

## Sub-Contractor Qualification Form

1) **Company Name:** \_\_\_\_\_

2) **Business Type:** Partnership [  ] Corporation [  ] Sole-Proprietorship [  ]

3) **Year of inception:** \_\_\_\_\_

4) **Years of current ownership:** \_\_\_\_\_

5) **Services Offered:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) **Major Projects Completed:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) **Number of Employees:** \_\_\_\_\_

8) **Amount of Liability Insurance Held:** \$ \_\_\_\_\_

9) **Areas of Work:** Residential [  ] Commercial [  ]

10) **Associations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I certify that all information is complete and accurate to the best of my knowledge:

**Printed Name:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please complete and submit to [office@gsdprojects.ca](mailto:office@gsdprojects.ca) or fax to **(204) 222-0309**