

# GCS Energy Services Ltd.



**Hardisty Office**

Box 220  
 Hardisty, AB T0B 1V0  
 Phone: (780) 888-3845  
 Fax: (780) 888-2100

**Red Deer Office**

259, 28042 Hwy 11  
 Red Deer County, AB T4S 2L4  
 Phone: (403) 340-8840  
 Fax: (403) 342-2048

**Virден Office**

Box 1959  
 Virден, MB R0M 2C0  
 Phone: (204) 748-2197  
 Fax: (204) 748-1243

Visit our website at [www.gcsenergy.ca](http://www.gcsenergy.ca)

Please complete the form below and email (form and all attachments) to Sheralee at [sladd@gcsenergy.ca](mailto:sladd@gcsenergy.ca). **If all information is not provided and all attachments are not submitted – this will significantly delay approval or your prequalification could be rejected.** Please note that this is a preliminary prequalification form and includes only our minimum requirements. Additional information may be requested by the job owner due to the type of work to be performed.

GENERAL COMPANY INFORMATION			
Legal Business Name:			
Mailing Address:			
Street Address:			
Phone:		Fax:	
Website:			
Sales Contact:		E-mail:	
Years in Business under this name:		Date of Incorporation:	
List any former names business has operated under:		WCB Account #:	
Company Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Sole Proprietor		
Types of Projects:	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Other (specify): _____		
Are there any affiliated subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please name them:	
Is your firm owned or controlled by another organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please enter name of parent organization	
Minority Business Enterprise Status:	<input type="checkbox"/> Minority Business Enterprise (MBE) <input type="checkbox"/> Women Business Enterprise (WBE) <input type="checkbox"/> Veteran Owned Small Business <input type="checkbox"/> Horizontally Underutilized Business (HUB) <input type="checkbox"/> Service Disabled Veteran Owned Small Business <input type="checkbox"/> Small Disadvantaged Business (SDB) <input type="checkbox"/> Small Business Enterprise (SBE) <input type="checkbox"/> Aboriginal Business (AB)		
<b>*Please attach copies of all certifications regarding your MBE status</b>			

KEY FINANCIAL INFORMATION	
Annual Revenue:	
GST #	

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<b>GENERAL QUESTIONS</b>
Has your organization within the past five (5) years failed to complete any work awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain: _____
Are there any judgments, claims, or arbitration proceedings or suits pending or outstanding against your organization or its officers in the past five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain: _____
Has your company filed for bankruptcy during the past five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, is there any claim, judgment, litigation or arbitration pending against your company? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain: _____

<b>SAFETY: Is your company a member of any of the following:</b>
1. Does your company have a safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your company have written Safe Work Practices and Procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your company have a COR or SECOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is your company a member of CanQual? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is there potential for your company to supply equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ If yes, does your company have a documented Preventative Maintenance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>▪ If not, how do you meet the requirements of Workplace Health &amp; Safety?</li> </ul>
6. Does your company have a modified work policy? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>YOUR COMPANY'S CONTACT FOR SAFETY ISSUES:</b>		
Name	Phone #	Cell #

<b>PRE-JOB SUBMISSION REQUIREMENTS</b>			
<i>All items below, must be submitted at a minimum 72 hours prior to arrival on site.</i>			
Pre-Job Hazard Assessment (updated once on site)	<input type="checkbox"/>	Equipment Competencies	<input type="checkbox"/>
Employee Tickets/Certifications	<input type="checkbox"/>	Pre-Access Drug and Alcohol Tests	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

<b>REFERENCES</b>			
Company Name:		Address:	
Telephone:		Contact:	
Company Name:		Address:	
Telephone:		Contact:	
Company Name:		Address:	
Telephone:		Contact:	

Contact the Contracts Department at the Hardisty Office, Phone: (780) 888-3845; Fax: (780) 888-2100  
or Email: [sladd@gcsenergy.ca](mailto:sladd@gcsenergy.ca) with any questions or concerns relating to this document.

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PRODUCTS/SERVICES YOU PROVIDE – Please check all that apply	
<input type="checkbox"/> Aggregate	<input type="checkbox"/> Anchors
<input type="checkbox"/> Asphaltic Concrete	<input type="checkbox"/> Bored Piles
<input type="checkbox"/> Caisons	<input type="checkbox"/> Cleaning
<input type="checkbox"/> Concrete	<input type="checkbox"/> Concrete Forms/Accessories
<input type="checkbox"/> Concrete Finishing	<input type="checkbox"/> Concrete Structures / Barriers (Pre-Cast)
<input type="checkbox"/> Concrete Subcontractors	<input type="checkbox"/> Concrete Ready-Mix
<input type="checkbox"/> Curbs and Gutters	<input type="checkbox"/> Decomposed Granite
<input type="checkbox"/> Driven Piles	<input type="checkbox"/> Erosion Control Materials (Temporary)
<input type="checkbox"/> Fencing and Gates	<input type="checkbox"/> Geosynthetics
<input type="checkbox"/> Hydrants	<input type="checkbox"/> Lime
<input type="checkbox"/> Liners	<input type="checkbox"/> Manholes (Pre-Cast)
<input type="checkbox"/> Metal Joists	<input type="checkbox"/> Paint
<input type="checkbox"/> Pipe – Cast in Place (CIP)	<input type="checkbox"/> Pipe – Concrete Cylinder (CCP)
<input type="checkbox"/> Pipe – Conduit	<input type="checkbox"/> Pipe – Corrugated Metal Pipe (CMP)
<input type="checkbox"/> Pipe – Ductile Iron (DIP)	<input type="checkbox"/> Pipe – Fiberglass Reinforced (FRP)
<input type="checkbox"/> Pipe – High Density Polyethylene Pipe (HDPE)	<input type="checkbox"/> Pipe – Polyvinyl Chloride (Sewer) (PVC)
<input type="checkbox"/> Pipe – Polyvinyl Chloride (Water) (PVC)	<input type="checkbox"/> Pipe – Reinforced Concrete (RCP)
<input type="checkbox"/> Pipe – Vitrified Clay Pipe (VCP)	<input type="checkbox"/> Plastic Fabrications
<input type="checkbox"/> Reinforcing Steel (Rebar, Wire Fabric, Mesh, Etc.)	<input type="checkbox"/> Retaining Wall Pre-formed Materials
<input type="checkbox"/> Rough Carpentry	<input type="checkbox"/> Rugs & Mats
<input type="checkbox"/> Sidewalks	<input type="checkbox"/> Sign and Signal Material
<input type="checkbox"/> Soil Treatment Material	<input type="checkbox"/> Steel – Pre-Fabricated
<input type="checkbox"/> Steel Erection	<input type="checkbox"/> Structural Metal Framing
<input type="checkbox"/> Tanks	<input type="checkbox"/> Traffic Control Equipment (Temporary)
<input type="checkbox"/> Unit Pavers	<input type="checkbox"/> Utility Boxes
<input type="checkbox"/> Valves	<input type="checkbox"/> Water for Construction
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Other (Specify) _____

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**PREPARED BY:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Alcohol and Drug Policy Agreement**

GCS Energy Services Ltd. is committed to providing a safe and productive workplace for the execution of our Construction Projects. This commitment recognizes that the use of illicit drugs or inappropriate use of alcohol or medications on or off-site may adversely affect the ability of a person to perform his/her work tasks in a safe manner.

Effective January 10, 2010 all Subcontractors, employees, and contract employees engaged in work on behalf of GCS Energy Services Ltd. will be required to undergo pre-site access drug and alcohol testing in compliance with the criteria set out in COAA 2005 Canadian Model for Providing a Safe Workplace Alcohol and Drug Guidelines and Work Rule.

Subcontractors will be required to submit to GCS Energy Services Ltd. documents proving that employees conducting work for Subcontractor on behalf of GCS Energy Services Ltd. have passed all applicable Drug and Alcohol testing, prior to the Subcontractor employees being granted site access.

All Subcontractors working for Greg's Contracting Services Ltd. are required to abide by and be in compliance with this policy. By signing below you agree that your company is in compliance or will be in compliance prior to performing work on behalf of GCS Energy Services Ltd.

Name \_\_\_\_\_ Title \_\_\_\_\_  
 (Please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRED ATTACHMENTS (as applicable)**

<input checked="" type="checkbox"/> WCB Clearance Letter	<input type="checkbox"/> Commercial General Liability Insurance
<input type="checkbox"/> Current Rate Schedule	<input type="checkbox"/> ISO (International Organization for Standardization)
<input type="checkbox"/> ABSA (Alberta Boiler Safety Association)	<input type="checkbox"/> ASME (American Society of Mechanical Engineers)
<input type="checkbox"/> CWB (Canadian Welders Bureau)	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____

**OFFICE REVIEW**

**ELIGIBLE**       **CONDITIONALLY ELIGIBLE**       **DISQUALIFIED**

Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

**Comments:**