SECTION 00 41 00 - APPENDIX A – CORPORATE SUMMARY FORM

(Note: Information requested in sub-item 1.7.2 - Section 00 21 00 shall be summarized on this Appendix.)

Company Name: _____
Proposal No. P58PY25493
Title: VEHICLE-BASED ULTRASONIC RAIL TESTING SERVICES

	WEIGHTING (20 Points)	PROPONENT'S RESPONSE
CORPORATE QUALIFICATIONS	20	
a) Background and Capabilities	3	
b) Number of Years in Business	1	
c) Depth of available relevant resources at Proponent's office, by discipline;	3	
d) List available Inspectors with their designations. Include the following details: - First and Last name; - Location by city; - CGSB or ASNT NDT certification level; - Renewal due date; and - Recertification due date. The Proponent must include a concurrent roster of a minimum of two (2) Inspectors.	5	
d) Relevant corporate experience undertaken within the last ten (10) years and is strongly encouraged to describe up to a maximum of three (3) projects of a similar size and nature as described in Division 1 – Scope of Services, including the following: - Project Name and Location; - Client Reference Name & Phone No.; - Other Major Consulting/ Subconsultant Participants; - Project Capital Cost CDN$; - Project Person-Hours; - Project Duration; - Description of the Project; - Description of Services Provided; - Consultant Fees CDN$.	8	

	WEIGHTING (20 Points)	PROPONENT'S RESPONSE
Project Reference No. 1		
Project/Contract Name and Location		
Client Reference		Company Name: Contact Person's Name: Phone No.: Email:
Project/Contract Person-Hours		
Project/Contract Duration		From: day/month/year To: day/month/year
Description of the Project/Contract		
Description of Services Provided		
Contractor Fees CDN$		
Project Reference No. 2		
Project/Contract Name and Location		
Client Reference		Company Name: Contact Person's Name: Phone No.: Email:
Project/Contract Person-Hours		
Project/Contract Duration		From: day/month/year To: day/month/year
Description of the Project/Contract		
Description of Services Provided		
Contractor Fees CDN$		
Project Reference No. 3		
Project/Contract Name and Location		
Client Reference		Company Name: Contact Person's Name: Phone No.: Email:
Project/Contract Person-Hours		
Project/Contract Duration		From: day/month/year To: day/month/year
Description of the Project/Contract		
Description of Services Provided		
Contractor Fees CDN$		

END OF SECTION