



**M.D. OF PINCHER CREEK NO. 9**

**BEAVER MINES LOT SERVICING PLUMBER "PRE-QUALIFICAION" FORM**

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Company Name

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Company Information

Address

Primary Contact

Phone Number

Email

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References (Max. 3;optional)

Name

Title

Address

Phone

Name

Title

Address

Phone

Name

Title

Address

Phone

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**Relevant Qualifications** (may be sent as attachments or dropped off in person at the MD office)



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Resumes of Project Personnel (optional)



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## Declaration of Conflict of Interest

I declare I have no conflicts of interest with the MD of Pincher Creek's employees

Name of Contractor Employee

Name of M.D. Employee

Relationship

Proposed Mitigation Measures

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I have read and understood the BEAVER MINES LOT SERVICING "PRE-QUALIFIED" LISTING PROCESS and understand that mandatory information (excluding references) will be intended for public release by the MD of Pincher Creek provided I become a pre-qualified plumber. I have obtained any necessary permissions related to sharing this information.

Signature

Name

Date

Form may be submitted to [admininfra@mdpincercreek.ab.ca](mailto:admininfra@mdpincercreek.ab.ca) or dropped off in person at the MD administration building.