

MUNICIPAL EMERGENCY VENDOR REGISTRATION

1. Basic Company Information**1.1 Service Company Name:**

1.2 Service Company Complete Street Address

1.3 Primary Contact Telephone Number:

1.4 Standard Hours of Operation:Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Statutory Holidays:

1.5 Service Availability Outside of Standard Hours of Operation, if applicable: Yes (Describe: _____) No

TRANSPORTATION SERVICES

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1.6 Contact for Billing Office:

Telephone: _____
 Email: _____

1.7 Type of Resources Available:

- Taxi Services
- Bussing Services
- Domestic Animal Transport Services
- Livestock Transport Services
- Other: _____

2. Equipment and Resource Information

2.1 Fleet Vehicles and Rates

Description / Function (Make, Model and Year)	Capacity	Standard Hourly Rate	After Hours Hourly Rate

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2.2 Personnel, Licenses and Rates (not including mobilization or demobilization):

Position Description / Role	Alberta Motor Vehicle License Classification / Level	Standard Rate Per Hour	After Hours Rate Per Hour

2.3 Personnel Training / Certification:

Type of Fleet Vehicle	Standard Personnel Training / Certification

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2.4 Additional Rates (Standard Business Hours):

- Mobilization (if applicable): _____
- Demobilization (if applicable): _____

2.5 Additional Rates (After Hours):

- Mobilization (if applicable): _____
- Demobilization (if applicable): _____

3. Emergency Requests for Goods / Service

3.1 Dedicated Account Representative:

Regular Business Hours: _____
After Regular Business Hours: _____

3.2 Dedicated Account Representative Contact Telephone Number:

Regular Business Hours: _____
After Regular Business Hours: _____

3.3 Communication Methods:

- Telephone
- Email _____
- Radio (Type): _____
- Other: _____

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3.4 Estimated Response Times (Standard Hours of Operation):

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

3.5 Estimated Response Times (Outside of Standard Hours of Operation):

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

4. Health and Safety Qualifications

4.1 Workers Compensation Board Information

Vendors should attach a copy of their WCB Clearance Letter.

- WCB Clearance Letter

4.2 Certificate of Insurance

Vendors should confirm whether they can provide a Certificate of Insurance, in their legal registered name, that demonstrates coverage for Commercial General Liability (including Non-Owned Automobile coverage) and Standard Auto Insurance.

- Certificate of Insurance available