

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**1.6 Contact for Billing Office:**

Telephone: _____

Email: _____

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1.7 Type of resources available:

- Security Guard(s)
- Patrol Vehicle(s)
- Fencing
- Cameras
- Other: _____

1.8 Equipment List and Rates (not including mobilization or demobilization)

Description / Function	Standard Hourly Rate	After Hours Hourly Rate

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1.9 Personnel Rates

Position Description / Role	Standard Rate Per Hour	After Hours Rate Per Hour

1.10 Personnel Training / Certification:

Type of Equipment	Standard Training / Certification

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1.11 Additional Equipment Rates (Standard Business Hours):

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

1.12 Additional Rates (After Hours):

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

2. Emergency Requests for Service

2.1 Dedicated Account Representative:

Regular Business Hours: _____
After Regular Business Hours: _____

2.2 Dedicated Account Representative Contact Telephone Number:

Regular Business Hours: _____
After Regular Business Hours: _____

2.3 Communication Methods:

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

2.4 Estimated Response Times (Standard Hours of Operation):

Monday: _____
Tuesday: _____
Wednesday: _____

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Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

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

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

3. Health and Safety Qualifications

3.1 Health and Safety Program

Provide details of your health and safety training programs as offered to staff.

3.2 Workers Compensation Board Information

Please attach a copy of your company's WCB Clearance Letter.

WCB Clearance Letter

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3.3 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