



HEAVY EQUIPMENT RENTAL SERVICES  
(including Operators)

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



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**1.6 Contact for Billing Office:**

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**1.7 Type of Equipment (with operator) available:**

- Bulldozer
- Excavator
- Skid Steer
- Tractor
- Water Truck
- Other (fleet vehicles, etc.): \_\_\_\_\_



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**2. Equipment List**

**2.1 List of available equipment that can be deployed.**

<b>Equipment Year</b>	<b>Description / Function</b>	<b>Make</b>	<b>Model</b>

**2.2 Back-up Equipment List**

Vendors are to provide a list of back-up equipment that may also be available for hire

<b>Equipment Year</b>	<b>Description / Function</b>	<b>Make</b>	<b>Model</b>



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**2.3 Equipment Rates:**

<b>Equipment Year</b>	<b>Description / Function</b>	<b>Rate Per Hour</b>

**2.4 Inspections / Certifications (e.g., CVIP) for Equipment over or With a Combined Weight Exceeding 11,794 kg:**

<b>Equipment Description</b>	<b>Type of Inspection / Certification</b>	<b>Most Current Inspection / Certification Date</b>



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**2.5 Equipment Operator Rates:**

Type of Equipment	Rate Per Hour

**2.6 Equipment Operator Training / Certification:**

Type of Equipment	Standard Training / Certification



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2.7 Additional Rates (Standard Business Hours):

Mobilization (if applicable): \_\_\_\_\_

Demobilization (if applicable): \_\_\_\_\_

2.8 Additional Rates (After Hours):

Mobilization (if applicable): \_\_\_\_\_

Demobilization (if applicable): \_\_\_\_\_

3. Demonstrated Ability to Respond to 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 Preferred 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 verify that they have an existing WCB account.

- WCB Clearance Letter available or attached (preferable)

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 or attached (preferable)