

Application - Source List for Request for Quotations

Please Print:

Contractor/Supplier	
HST Number	
Address (PO Box Number/ Street Name/Number)	
Email	
Telephone Numbers (Work)	
(Cell)	
(Fax)	

Number of Employees	<input style="width: 90%;" type="text"/>	Trade:	
	<input style="width: 90%;" type="text"/>	Trade:	
	<input style="width: 90%;" type="text"/>	Trade:	

Prime Type of Business		
	(ie. Carpentry, Asbestos Abatement, Plumbing, Electrical, etc.)	
Other Type(s) of Business		
Approximate Dollar Volume Of Business Per Year		
Signing Officer (Please Print)		
Signature:		Date:

NLHC's properties are located throughout the **Avalon Peninsula**. Please specify whether you are interested and prepared to work in the following areas.

St. John's & Surrounding Areas
Conception Bay North
St. Mary's Bay
Placentia
Southern Shore
Trinity Bay South

NLHC's properties are located throughout the **Western Region**. Please specify whether you are interested and prepared to work in the following areas.

Corner Brook
Bay of Islands South
Bay of Islands North
Pasadena/Deer Lake/Hampden
Northern Peninsula-South
Northern Peninsula-Central
Northern Peninsula-North

Stephenville/Stephenville Crossing/Kippens
Port au Port Peninsula
St. George's Area
Codroy Valley Area
Port aux Basques Area
St. David's Area

NLHC's properties are located throughout the **Central Region**. Please specify whether you are interested and prepared to work in the following areas.

Gander/Gander Bay
Bonavista Bay
Clarenville/Arnold's Cove
Bonavista Peninsula/Trinity Bay

Grand Falls-Windsor/Bishop's Falls/Badger
St. Alban's/Harbour Breton
Springdale/South Brook/Roberts Arm/Triton
Botwood/Peterview/Point Leamington
Lewisporte/Twillingate
Baie Verte Peninsula

NLHC's properties are located throughout the **Burin Peninsula**. Please specify whether you are interested and prepared to work in the following areas.

Marystown/Burin Area
St. Lawrence/Lawn Area
Grand Bank/Fortune Area
Bay L'Argent/Terrenceville Area

NLHC's properties are located throughout the **Labrador Region**. Please specify what areas you are interested in and prepared to work.

Applicants are reminded that they must include a copy of the following with their application:

- Copy of general liability insurance certificate (NLHC named as co-insured)
- Letter of good standing from Workplace NL
- Certificate of Recognition (COR) from the NLCSA is necessary to be eligible for construction projects
- Asbestos Abatement Certificate is necessary to be eligible for abatement work.
- Complete attached Direct Deposit Enrolment Form

NOTE: By participating in this process, applicants acknowledge that we may share this source list with clients applying for Home Modifications Program (HMP) and Provincial Home Repair Program (PHRP) grants and will carry the disclaimer that "This list is provided for information purposes only with no recommendation provided as to the work which may be offered."

References

Company Name:	
Contact Name:	Telephone #:

Company Name:	
Contact Name:	Telephone #:

Company Name:	
Contact Name:	Telephone #:

Company Name:	
Contact Name:	Telephone #:

DIRECT DEPOSIT ENROLMENT FORM

Please print clearly and in block letters. Do not use this form to provide change of address information. Do not enclose anything other than your void cheque with this form.

PART A - Applicant's Identification Information

Business /
Individual

Address

City/Town

Province

Postal Code

Telephone No.

E-Mail

PART B - Banking Information (Canadian Financial Institutions only)

IMPORTANT: Complete Part B or attach a blank cheque with "VOID" written on it.

Financial Institution
No.

Branch Number

Account No.

Name(s) of Account Holder(s)

Financial Institution Stamp
(required if no void cheque attached)

PART C - Consent

I/We authorize NLHC to credit my/our bank account, indicated above

I/We will notify NLHC promptly in writing if I/We move the account from one bank or branch to another or if there are any other changes in the account.

I/We understand that the Bank is not responsible to verify whether these payments are properly credited to my/our account.

I/We understand that the information provided is being collected for the purpose of administering NLHC programs. This information will only be disclosed to NLHC personnel who need the information to carry out the responsibilities of their job, and to other organizations who may need to be contacted in order to process this form. Statistics on NLHC programs will be reported at the provincial/regional level and will not personally identify individuals. Section 61(c) of the Access to Information and Protection of Privacy Act (ATIPPA) authorizes NLHC to collect personal information that "...relates directly to and is necessary for an operating program or activity of the public body."

I, the undersigned, have read the consent to the collection, use and disclosure of my personal information as described therein.

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Date (YYYYMMDD)

X

Signature

Scan or Mail the completed form to the following address:

**NLHC
PO Box 220
2 Canada Drive
St John's, NL
A1C 5J2**

E-mail: eftsetup@nlhc.nl.ca

Until your direct deposit information has been updated, you will continue to be paid by cheque or direct deposit to the bank account currently on file.

To update your banking information in the future, please complete a new direct deposit enrolment form.

Please do not use this form to provide change of address information. To change your address information, please contact the department that issues your payments.

Part A - Applicant's Identification Information

Fill in the BUSINESS OR INDIVIDUAL name, as well as the full address, telephone number and valid email address of the applicant in the fields provided. All fields are mandatory.

Part B - Banking Information

This form can only be used for direct deposit payments destined for domestic (Canadian) bank accounts that use standard routing information, i.e., a Branch Number, Institution Number and Account Number.

Instead of filling in Part B, a blank cheque with the word "VOID" written across the front can be attached to this form - see example below. This cheque must be associated with the Canadian bank account into which the payments are to be deposited. Do not enclose anything other than a void cheque with this form.

If completing Part B of this form, account routing information can be obtained from the financial institution into which direct deposit payments are to be made. These details can also be found on a cheque associated with that bank account. Your financial institution must stamp this section to verify that the correct banking details have been entered if no void cheque is attached.

Name / Nom P.O. Box / C.P. 000 City / Ville, Canada H0H 0H0		Example / Exemple		Cheque No. N° de chèque	0000000
Pay to the order of Payez à l'ordre de		"Void" <<Nul>>		\$	
					Dollars
				Signature	
9999		: 999999 : 9999 :		999 : 9999 : 9	
1	2	3	4		

1. Cheque number - not required.
2. Branch number - 5 digits.

3. Institution number - 3 digits.
4. Account number - minimum 7 digits

Part C – Consent

Date and sign the form in order for it to be processed. By signing, you confirm that you have read and agreed with the consent statement on the form.

Important Reminder: The following documents must be included with the application:

- **Copy of General Liability Insurance Certificate (NLHC named as co-insured)**
- **Letter of good standing from Workplace NL**
- **Certificate of Recognition (COR) from the NLCSA**
- **Asbestos Abatement Certificate**
- **Complete Direct Deposit Enrolment Form**