



# SUPPLIER INFORMATION FORM

- Potential Supplier
- Current Supplier

## BUSINESS INFORMATION \* Indicates Required Field

MH Office Use Only	
Vendor Number:	<input type="text"/>

\*Business Name:

\* Address Line 1:

Address Line 2:

Address Line 3:

Website (URL):

\* Phone:  -  -

Fax:  -  -

\* City / Town:

\* Province / State:

\* Postal / Zip Code:

\* Country:

GST # (if applicable)

## PRIMARY CONTACT

\*First Name:

\*Last Name:

\*Title:

\*E-Mail:

\*Phone:  -  -

Fax:  -  -

## SECONDARY CONTACT

First Name:

Last Name:

Title:

E-Mail:

Phone:  -  -

Fax:  -  -

## ACCOUNTS RECEIVABLE CONTACT

\*First Name:

\*Last Name:

\*Address:

\*E-Mail:

\*City / Town:

\* Province / State:

\* Postal / Zip Code:

\*Phone:  -  -

Fax:  -  -

## BUSINESS INFORMATION

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\*Select Type of Business

Parent Company

\*Year(s) ownership under current business name:

\*Total number of F/T employees:

\*P/T employees:

Previous or affiliated business names

\*Select Primary Business

\*Check the type of product, service and/or skilled trade your business provides:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> General Contractor     | <input type="checkbox"/> Earthwork/Sitework     | <input type="checkbox"/> Masonry                 | <input type="checkbox"/> Thermal and Moisture Protection            |
| <input type="checkbox"/> Interior Improvements  | <input type="checkbox"/> Fire Suppression       | <input type="checkbox"/> Plumbing                | <input type="checkbox"/> Heating, Ventilating, and Air Conditioning |
| <input type="checkbox"/> Exterior Improvements  | <input type="checkbox"/> Concrete               | <input type="checkbox"/> Electrical              | <input type="checkbox"/> Building Maintenance                       |
| <input type="checkbox"/> Geological Engineering | <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> Civil Engineering       | <input type="checkbox"/> Mechanical Engineering                     |
| <input type="checkbox"/> Structural Engineering | <input type="checkbox"/> Architectural          | <input type="checkbox"/> Landscape Architectural |   |

Other

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Check the applicable boxes:

This is an Aboriginal business that is at minimum 51% (fifty one) Aboriginal owned and controlled

This business has 6 (six) or more full-time employees and at least 1/3 (one third) of them are Aboriginal people

\*Trades - Are you engaged in the Apprenticeship Manitoba program? <http://www.gov.mb.ca/tce/apprent/>  Yes  No

Select if you abide by all the applicable requirements of *The Apprenticeship and Certification Act* <https://web2.gov.mb.ca/laws/statutes/ccsm/a110e.php>

\*Are you engaged in the hiring of Aboriginal Persons for Training and Development Opportunities <http://www.gov.mb.ca/tce/capitalprojects/aboriginal.html>  Yes  No

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## QUALITY

Select or list certification below that your business goals include.

ISO 9001

Other Identify

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## WORKPLACE SAFETY AND HEALTH

Select or list certification below that your business goals include.

complies with all applicable requirements of *The Workplace Safety & Health Act* <https://web2.gov.mb.ca/laws/statutes/ccsm/w210e.php>

has a valid and current COR, SECOR or COREL <http://cfcsa.ca/cor.html> or [http://www.constructionsafety.ca/mall\\_business/index.htm](http://www.constructionsafety.ca/mall_business/index.htm)

Other Identify

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## EMPLOYMENT STANDARDS and WAGE RATES

Select the following if your business abides by all applicable requirements of:

The Employment *Standards Code* <http://web2.gov.mb.ca/laws/statutes/ccsm/e110e.php>

The Construction Industry Wages Act <http://web2.gov.mb.ca/laws/statutes/ccsm/c190e.php>

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**ENVIRONMENT**

Select or list below what your business goals include.

ISO 14000

Other Identify

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**GEOGRAPHIC LOCATIONS**

Indicate which areas (city(s), town(s), municipalities) within Manitoba your company is able to supply goods, services or construction.

Select Area

Other

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**REFERENCES**

Provide 3 (three) references from previous customers who may be contacted by Manitoba Housing for information on performance in past service engagements or projects.

\*Customer:

\*Contact Person:

\*Phone:

 -  - 

\*Email:

\*Type of Work Completed:

\*Customer:

\*Contact Person:

\*Phone:

 -  - 

\*Email:

\*Type of Work Completed:

\*Customer:

\*Contact Person:

\*Phone:

 -  - 

\*Email:

\*Type of Work Completed:

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Retail Sales Tax (PST and RST) apply to Manitoba Housing projects. As such, you will collect PST/RST from Manitoba Housing (when applicable). This should be reflected in any future bid submissions.

**I hereby declare that all information provided is accurate and true. I have been granted signing authority on behalf of the company.**

\*Signature

\*Print Name

*Electronic signature accepted*

\*Title

\*Date

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Any personal information collected, is collected under the authority of Manitoba Housing programs and will be used for the purpose of processing this form and for ongoing contact if your business is successful. Personal information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of personal information, please contact the Access and Privacy Coordinator, 600 - 352 Donald Street, Winnipeg, MB, (204) 945-3025.