



**Pre-Qualified Vendor Application
All Projects**

Company Name			
Address			
Address			
City			
Province		Postal Code	
Contact Person		Tel #	
Email		Website	
Services			

All vendors must meet the following prequalifying requirements:

1. Must provide a Corporate Registry Number or a Business License Number
2. Must have a G.S.T. Number
3. Provide evidence of WCB coverage
4. Provide evidence of General Liability Insurance at a minimum of \$2,000,000.00

Registered Business License # or Corporate Registry Number		
GST Number		
WCB Coverage Policy #		Documentation required
General Liability Insurance Amount		Documentation required

When completed, please mail or submit to MHCHS, Housing Operations via

Email: admin@mhchs.ca or Fax: 403-526-3163

Thank You for your Partnership!

Address: 104, 516 3rd St. SE Medicine Hat, AB T1A 0H3 403-527-4507

Email admin@mhchs.ca / website www.mhchs.ca