

Submission Form



General Information

Company Name: _____ Date: _____

Address: _____
Street Municipality Province Postal Code

Mailing Address: _____
Street Municipality Province Postal Code

Email Address: _____ Phone #: _____ Fax #: _____

Compulsory GST No: _____

Business License Information (Compulsory)

Copy of Business License attached? Yes No

If no, please provide an explanation: _____

Worker's Compensation Information (Compulsory)

Clearance Letter Attached? Yes No

WCB Number: _____ Industry Code: _____

Insurance (Compulsory): Commercial Comprehensive General Liability

Coverage Limit: _____ Policy #: _____ Insurance Co.: _____

Work History - Previous Jobs (Compulsory)

| Customer | Type of Project | \$ Size | Contact | Phone |
|----------|-----------------|---------|---------|-------|
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Signature: _____ Date: _____

Senior Company Representative

Title: _____ Phone #: _____

Wabasca Main Office

2077 Mistassiniy Road North Box 60 Wabasca, AB T0G 2K0
1-888-891-3778 | mdopportunity.ab.ca