



Stand Modification Treatments

COMPANY PROFILE

Click here to enter text.

Company name

Click here to enter text.

Company address

Click here to enter text.

Contact name

(xxx)-xxx-xxxx

Phone number

Click here to enter text.

Mailing address

johnsmith@example.com

Email address

Ex. 000000

WCB number

Ex. 00000 0000

GST number

Ex. 0000-0000

BC Forest Safety Council SAFE Company Certification Initiative registration or certification number

ELIGIBILITY CRITERIA FOR PRE-QUALIFICATION

1. Must be "locally owned", defined as residing in the Bulkley Valley between the top of Hungry Hill to the east and Seaton Forest Products Ltd. to the West.
2. Must be a SAFE Certified Company under the BC Forest Safety Council Program.
3. Must have a valid GST number.
4. Must have a valid WorkSafeBC number.
5. Must have a suitable Safety Management System in place and be prepared to sign a Prime Contractor Agreement with WCFC.
6. Must own or lease the equipment specified in the equipment schedules below.
7. Must be able to provide references for the services provided that demonstrate a commitment to safety and an ability to deliver projects to spec in a timely manner.

Does your firm meet the eligibility criteria provided above?

YES NO

*If you answered **no**, please describe how your firm will address any deficiencies for qualification:*

Click here to enter text.

Is your firm is interested in pursuing the acquisition of suitable stand modification equipment and will be capable of providing services prior to September 1, 2021?

YES NO

*If you answered **yes**, please list and detail below:*

Click here to enter text.



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MECHANICAL TREATMENTS

Equipment Type	Make	Model	Year
Buncher	Make name	Name or #	YYYY
	Make name	Name or #	YYYY
Harvester	Make name	Name or #	YYYY
	Make name	Name or #	YYYY
Skidder	Make name	Name or #	YYYY
	Make name	Name or #	YYYY
Forwarder	Make name	Name or #	YYYY
	Make name	Name or #	YYYY
Processor	Make name	Name or #	YYYY
	Make name	Name or #	YYYY
Loader	Make name	Name or #	YYYY
	Make name	Name or #	YYYY
Excavator	Make name	Name or #	YYYY
	Make name	Name or #	YYYY
Other	Make name	Name or #	YYYY

Production Capacity/Availability:

Production Capacity m ³	Availability
Volume	Man Days

MANUAL TREATMENTS

Do you have crews and equipment available for thinning or spacing? YES NO

If you answered yes, please list and detail below:

[Click here to enter text.](#)

Do you have crews and equipment available for pruning? YES NO

If you answered yes, please list and detail below:

[Click here to enter text.](#)

Do you have crews and equipment available for piling and burning? YES NO

If you answered yes, please list and detail below:

[Click here to enter text.](#)

Production Capacity/Availability:

Average Crew Size	Availability
Crew Size	Man Days



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DEBRIS MANAGEMENT/ALTERNATIVES TO OPEN BURNING

Equipment Type	Make	Model	Year
Air Curtain Burner	Make name	Name or #	YYYY
	Make name	Name or #	YYYY
Mulcher	Make name	Name or #	YYYY
	Make name	Name or #	YYYY
Chipper	Make name	Name or #	YYYY
	Make name	Name or #	YYYY
Grinder	Make name	Name or #	YYYY
	Make name	Name or #	YYYY
Other	Make name	Name or #	YYYY
Other	Make name	Name or #	YYYY

Production Capacity/Availability:

Production Capacity m ³	Availability
Volume	Man Days

GENERAL

Are you an Evergreen contractor? YES NO

Are any phases subcontracted?

Phase	NO	YES	Subcontractor
	<input type="checkbox"/>	<input type="checkbox"/>	Subcontractor name
	<input type="checkbox"/>	<input type="checkbox"/>	Subcontractor name
	<input type="checkbox"/>	<input type="checkbox"/>	Subcontractor name
	<input type="checkbox"/>	<input type="checkbox"/>	Subcontractor name
	<input type="checkbox"/>	<input type="checkbox"/>	Subcontractor name

Do you have equipment capable of work in steep terrain (slopes exceeding 40%)? YES NO

If you answered yes, please list and detail below:

[Click here to enter text.](#)

Do you have any specialized equipment for specific/challenging conditions? (e.g. wet summer ground) YES NO

If you answered yes, please list and detail below:

[Click here to enter text.](#)

Do you own a lowbed? YES NO

If no: Subcontractor name