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| 3.6.3 | Submit "Statement of Interest and Qualifications" to: | | |
| | Name of Client/Organization | | |
| | Mailing Address | | |
| | City | Province | Postal Code |
| | Name of Person/Department to Receive Submission | | |
| Attn: | | | |
| Reference | | | |
| RE: [Project Name/Project Reference #] | | | |
| 3.6.4 | Person to Contact for Additional Information: | | |
| | Name of Contact Person | | |
| | Telephone Number | Fax Number | |
| E-mail Address of Contact Person | | | |
| 3.6.5 | Facsimile or E-mail Submissions | | |
| 1. Facsimile submissions are: <input type="checkbox"/> acceptable <input type="checkbox"/> not acceptable. | | | |
| 2. E-mail submissions are: <input type="checkbox"/> acceptable <input type="checkbox"/> not acceptable. | | | |
| 3.6.6 | Additional Comments or Requirements: | | |