

Supplier Qualification Assessment – Consultant Services

Name of Consultant: _____

Organization: _____

Phone Number: _____

Mailing Address: _____

Number and street or PO Box

City

Province/State

Postal/Zip Code

Remittance Address: *Same as above OR*

Number and street or PO Box

City

Province/State

Postal/Zip Code

Type of Services Provided: _____

1. What certification(s) do you have to perform these services?

A. _____

Date of Certification: _____ Certificate No: _____

Registrar: _____

If "None", what is your target date for certification? _____

B. _____

Date of Certification: _____ Certificate No: _____

Registrar: _____

If "None", what is your target date for certification? _____

2. How long have you provided these services? _____

3. In addition to attaching your CV, please highlight some of your relevant experience below:

4. Provide a reference to confirm satisfaction with the services provided?

Name of Client: _____

Phone Number: _____

What Services Were Provided and When? _____

5. Indicate the timeline and methodology that will be used to conduct the services:

Timeline: _____

Methodology: _____

6. Are you familiar with the latest edition of the applicable standards? YES NO

Note the applicable standard(s) and editions: _____

If "No", what is your target date for completion? _____

7. Please feel free to add any additional comments below (add additional pages if necessary):

Submitted by: _____

Title: _____

Date: _____