

2026 BID HOURLY CONTRACTOR FORM

Company Name	Contact Name	Email Address
Mailing address (PO Box)	Town/City	Province
	Postal Code	Phone No.

Current Certificate of Insurance Attached: ☐ YES ☐ NO

Workers Compensation Registration Letter Attached: ☐ YES ☐ NO

Workers Compensation Registration #:

Equipment Type	Make	Model	Year	H.P.	Serial No.	License No.	Attachments	Bid Rate \$/hr \$/day

Additional Info:

Signature of Applicant:

Date: