

## FORM 1 ITQ SUBMISSION FORM

ITQ SUBMISSION	
<b>Respondent full legal name</b> <i>[Note to Suppliers: Suppliers who are part of a responding group should take care to identify the correct corporation as the Respondent.]</i>	
<b>Authorized Representative of Respondent for evaluation purposes (e.g. clarifications)</b>	Name: _____ Title: _____ Address: _____ Telephone #: _____ Email: _____
<b>Respondent's Procurement Business Number (PBN)</b> <i>[see the Standard Instructions 2003]</i> <i>[Note to Respondents: Please ensure that the PBN you provide matches the legal name under which you have submitted your response. If it does not, the Respondent will be determined based on the legal name provided, not based on the PBN, and the Respondent will be required to submit the PBN that matches the legal name of the Respondent.]</i>	Procurement Business Number: _____
<b>Canada's Official Language in which the Respondent will communicate with Canada during any subsequent process - indicate either English or French</b>	English _____  French _____
<b>Former Public Servants</b>  See Part 5 of the ITQ entitled Former Public Servant Certification for a definition of "Former Public Servant".  This requirement applies to the Respondent. In the case of a joint venture Respondent, the requirement applies to each member of the joint venture.	Is the Respondent in receipt of a pension as defined in this solicitation? Yes ____ No ____  If yes, please provide the information required by the Article in section 5.1 entitled "Former Public Servant", and complete form 2.  Is the Respondent a FPS who received a lump sum payment under the terms of a work force reduction program? Yes ____ No ____  If yes, please provide the information required by the Article in section 5.1 entitled "Former Public Servant", and complete form 2.
<b>Applicable Laws:</b> Respondent are requested to indicate the Canadian province or territory they wish to apply for applicable laws, as indicated in Part 3	

**ITQ SUBMISSION**

<b>Security Clearance Level of Respondent</b>  <i>[include both the level and the date it was granted]</i>  <b><i>[Note to suppliers: Please ensure that the security clearance matches the legal name of the Respondent. If it does not, the security clearance is not valid for the Respondent.]</i></b>	
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**CORE TEAM MEMBERS (IF APPLICABLE)**  
(REPEAT AS REQUIRED)

<b>Core Team Member's full legal name</b>	
<b>Relationship to Respondent for the purpose of ITQ</b>	
<b>Original Equipment Manufacturer (Y/N)</b>	
<b>Core Team Member used to meet ITQ Criteria (Y/N)</b>	

<b>Core Team Member's full legal name</b>	
<b>Relationship to Respondent for the purpose of ITQ</b>	
<b>Original Equipment Manufacturer (Y/N)</b>	
<b>Core Team Member used to meet ITQ Criteria (Y/N)</b>	

As the authorized representative of the Respondent, by signing below, I confirm that I have read and understood the entire ITQ including the documents incorporated by reference into the ITQ and the entire Response, and I certify that:

1. The Respondent meets all the mandatory requirements described in the ITQ; and
2. All the information provided in the ITQ Response is complete, true and accurate.

<b>Signature of the authorized representative of the Respondent</b>	Name	
	Address	
	Email	
	Signature	
	Phone	