



# Town of Westlock Fire Department

January 15, 2026

## **RE: Open Invitation to Local Vendors and Suppliers – 2026 Pre-Qualification**

The **Town of Westlock Fire and Emergency Services Department** is seeking to establish a pre-qualified list of local vendors and suppliers for the provision of goods and services in support of training, exercises, and operational responses throughout 2026.

We are inviting businesses of all types who are interested in providing supplies, equipment, or services to complete the attached **Pre-Qualification Package**. The package is designed to capture key information about your company, products, services, and capacity to meet the operational needs of our department.

### **Types of Goods and Services of Interest:**

We are specifically looking for vendors and suppliers who can provide one or more of the following:

- **Commercial lodging** to support training, operations, and evacuee accommodation
- **Catering and food services** to support training, operations, and evacuees
- Heavy equipment rentals or services (e.g., vehicles, machinery, towing)
- General supplies and materials, including hardware, tools, and consumables
- Personal protective equipment (PPE) and safety gear
- Fuel, lubricants, and maintenance supplies
- Technology or communication equipment
- Event support services (e.g., tents, chairs, tables)



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While the above represents common needs, the Town encourages **all types of suppliers and service providers** who can support the Fire and Emergency Services Department to submit their information.

## **Purpose:**

The Town of Westlock seeks to identify qualified suppliers who can reliably provide goods and services to support emergency services operations. By pre-qualifying vendors, we can streamline procurement processes, enhance operational readiness, and explore the potential for multi-year agreements.

## **Submission Instructions:**

1. Review the attached Pre-Qualification Package carefully.
2. Complete all sections of the package with accurate and current information.
3. Submit the completed package to:

Town of Westlock – Fire and Emergency Services  
Attn: Stuart Koflick, Fire Chief  
10003 – 106 Street, Westlock, AB T7P 2K3  
Email: [skoflick@westlock.ca](mailto:skoflick@westlock.ca)

## **Review Process:**

All submissions will be reviewed by the Town of Westlock. Vendors that meet the Town's requirements may be contacted for further discussions, and multi-year agreements may be established with qualified suppliers.

## **Deadline:**

Completed pre-qualification packages must be received by February 26, 2026, @ 4:00pm. Late submissions may not be considered.



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We strongly encourage all interested local vendors and suppliers to participate. Your contribution supports the readiness and safety of our community, and we look forward to establishing strong partnerships with reliable and capable service providers.

For questions regarding this process or the pre-qualification package, please contact me via email: [skoflick@westlock.ca](mailto:skoflick@westlock.ca)

Dear,

Yours Truly,

A handwritten signature in black ink, appearing to read 'Stuart Koflick', is written over a light blue rectangular background.

Stuart Koflick  
Fire Chief  
Deputy Director of Emergency Management

# **PREQUALIFICATION PACKAGE**

**For Labour, Equipment, Materials,  
and Supplies (LEMS)**





## **TOWN OF WESTLOCK – PREQUALIFICATION PACKAGE**

### **For Labour, Equipment, Materials, And Supplies (Lems) Contractors**

#### **Purpose**

The Town of Westlock maintains a roster of prequalified contractors for emergency management activities. This package collects essential information to verify that your business meets all requirements before entering into a Master LEMS Contract with the Town.

#### **Section 1 – Business Information**

**Legal Business Name:** \_\_\_\_\_

**Operating/Trade Name (if different):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address (if different):** \_\_\_\_\_

**Primary Contact (name, title):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Business License #:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**CRA Business Number (BN):** \_\_\_\_\_

#### **Corporate Structure (check one):**

☐ Sole Proprietor    ☐ Partnership    ☐ Corporation    ☐ Other: \_\_\_\_\_

#### **Section 2 – Insurance & WCB**

2.1 Attach **Certificate(s) of Insurance** showing:

- a) Commercial General Liability – minimum \$2,000,000 per occurrence
- b) Automobile Liability – minimum \$1,000,000 per occurrence
- c) Additional coverage (if applicable: cargo, aviation, marine)
- d) Town of Westlock named as **Additional Insured**

2.2 Attach **WCB Clearance Letter** showing current coverage.

2.3 Do you have an active OH&S safety program?

- ☐ Yes – Attach copy of Certificate of Recognition (COR) or SECOR
- ☐ No – Attach written safety policy/manual

### Section 3 – Safety & Compliance

3.1 Do you have a recognized Health and Safety Program or a Certificate of Recognition (COR)?

☐ Yes    ☐ No

3.2 Has your company or any principal been issued OH&S stop-work or compliance orders in the past 3 years?

☐ No    ☐ Yes (explain: \_\_\_\_\_)

3.3 Do all operators have valid trade tickets, licenses, and/or competency certifications (e.g., Class 1/3 driver's license, equipment tickets)?

☐ Yes    ☐ No – explain: \_\_\_\_\_

3.4 PPE availability:    ☐ Supplied by company    ☐ Supplied by worker

### Section 4 – Scope of Services

Please describe the services you can provide (check all that apply and provide details):

- ☐ Commercial Lodging
- ☐ Catering and food services
- ☐ Groceries
- ☐ Heavy equipment rentals or services (e.g., vehicles, machinery, towing)
- ☐ General supplies and materials, including hardware, tools, and consumables
- ☐ Personal protective equipment (PPE) and safety gear
- ☐ Fuel, lubricants, and maintenance supplies
- ☐ Technology or communication equipment
- ☐ Event support services (e.g., tents, chairs, tables)
- ☐ Security Services
- ☐ Other: \_\_\_\_\_

#### Provide details:

1. Typical response time for routine service: \_\_\_\_\_
2. Typical response time for emergency service: \_\_\_\_\_
3. Equipment and tools available for emergency deployment: \_\_\_\_\_

## Section 6 - Emergency Readiness

4.1 Can your company provide **24/7 on-call service** if required?

☐ Yes ☐ No

4.2 Estimated mobilization time after call-out: \_\_\_\_\_ minutes/hours

4.3 Geographic areas your company can respond to:

☐ Within Town of Westlock

☐ Surrounding County/Village

☐ Other: \_\_\_\_\_

## Section 7 – Technical Qualifications / References

1. Years of experience in relevant service area Experience in emergency response or municipal operations:

2. Examples of past projects (include client, scope, date

Provide at least **two references** for similar work (preferably emergency, municipal, or industrial).

1. **Company/Agency:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

Phone/Email: \_\_\_\_\_ **Type of Work:** \_\_\_\_\_

2. **Company/Agency:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

Phone/Email: \_\_\_\_\_ **Type of Work:** \_\_\_\_\_

## **Section 6 – Additional Information**

Attach the following where applicable:

- Copies of licenses, certifications, training certificates.
- Sample service agreements or standard terms & conditions.
- Any company policies relevant to service delivery (quality control, environmental management, IT security).
- Equipment list including specialized tools required for emergency deployment.

## **Section 7 – Declaration**

I/We hereby certify that the information provided is accurate, and I/We understand that submission of this prequalification package does not guarantee work. The Town of Westlock reserves the right to reject or approve applicants at its sole discretion.

### **Authorized Representative:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Submission to:**

Town of Westlock – Fire and Emergency Services

Attn: Stuart Koflick, Fire Chief

10003 – 106 Street, Westlock, AB T7P 2K3

Email: skoflick@westlock.ca

## Schedule A – Insurance Certificate

|                                   |
|-----------------------------------|
| NAME AND ADDRESS OF NAMED INSURED |
| NAME AND ADDRESS OF AGENT/BROKER  |
| NATURE OF WORK                    |

| Schedule Of Coverage    | Insurance Company | Policy No. | Effective Date | Expiry Date |
|-------------------------|-------------------|------------|----------------|-------------|
| A. General Liability    |                   |            |                |             |
| B. Automobile Liability |                   |            |                |             |
| C. Aircraft/Watercraft  |                   |            |                |             |
| D. Cargo Insurance      |                   |            |                |             |

| Schedule of Coverage |                      | Coverage |
|----------------------|----------------------|----------|
| A.                   | General Liability    | \$ _____ |
| B.                   | Automobile Liability | \$ _____ |
| C.                   | Aircraft/Watercraft  | \$ _____ |
| D.                   | Cargo Insurance      | \$ _____ |

*The Undersigned hereby represents to the Town of Westlock that the above policies are accurately described and have been issued to the Named Insured. With the exception of Automobile Liability, the Undersigned further represents that these policies are endorsed to provide thirty (30) days advance written notice of cancellation or material change (reduction of coverage and/or limits), the Town of Westlock at **10003 – 106 Street, Westlock, AB T7P 2K3**.*

This certificate is executed and signed by the insurer or authorized Agent/Broker.

Signature of Authorized Representative

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Name of Insurance Company or Agent/Broker

Name of Representative **(Please Print)**

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Telephone
Date