*Name of the Procuring Body:*

*Name of the Contract:*

*Location of the Contract:*

*Date:*

**Schedule of Key Personnel to be Deployed**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contractor’s Name | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | |  |  | | |
| Business Address | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | |  |  | | |
|  | | |  | | | | | | |  | |  |  | | |
|  | | Civil Engineer/Construction Manager | | | Site Agent/Site Foreman | Qualified Welder | | | | | OSHA Specialist | | | | Other positions deemed required by the Applicant for this project |
| 1 | Name |  | | |  |  | | | | |  | | | |  |
| 2 | ID NO. |  | | |  |  | | | | |  | | | |  |
| 3 | Employed since |  | | |  |  | | | | |  | | | |  |
| 4 | Experience |  | | |  |  | | | | |  | | | |  |
| 5 | Education level |  | | |  |  | | | | |  | | | |  |
| 6 | License |  | | |  |  | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | |
| Minimum Requirements | | | : Civil Engineer/Construction Manager | | | |  | |  | | | | |  | |
|  | | | : Electrical Engineer-EPRA Licensed. | | | |  | |  | | | | |  | |
|  | | | : Site Agent/Site Foreman | | | |  | |  | | | | |  | |
|  | | | : Qualified Welder | | | |  | |  | | | | |  | |
|  | | | : Construction Safety and health personnel | | | |  | |  | | | | |  | |
|  | | |  | | | | | | | | | | | | |
| Note | | | : Attached individual CV, Certificates and current License for all personnel. | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |
| Submitted by | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| (Printed Name & Signature) | | |  |  | | | |  | | | | | | | |
| Designation | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| Date | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |