



Kitikmeot Qualified Business Registry

Appendix A: Application Form

For New and Renewing Companies

Ongoing annual renewal

Please see the KIA KQBR Policy and the Inuit Impact and Benefits Agreements associated with the projects of interest, e. g. the Hope Bay Belt Project IIBA in particular Schedules D, E and F, and the Back River Project IIBA in particular Schedule 8.1, 9.1, and 10.1.

A) Checklist of Required Documents

Please use "Appendix B: Checklist of Required Documents" as a convenient guide to verify that you have all the required information before submitting your application.

☐ **Appendix B: Checklist of Required Documents** is completed.

B) Company Information

1. Kitikmeot Inuit Majority Owned Company

Kitikmeot Inuit Majority Owned Company Name	
Jurisdiction of formation of company (for extra-territorial companies)	
Legal Name (if different from above)	
Street and Mailing Address	
City, Province/Territory and Postal Code	
Type of Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Age of the Company	

2. Joint Venture Company (if applicable)

Joint Venture Company Name	
Legal Name (if different from above)	
Street and Mailing Address	
City, Province/Territory and Postal Code	
Age of the Company	

3. Partner Company (if applicable; please append additional pages as needed)

Partner Company Name	
Legal Name (if different from above)	
Partner Head Office Street and Mailing Address	
City, Province/Territory and Postal Code	

Partner Company Contact Name	
Position Title	

4. Company Contact Information

a) Company Contact for Administration of the KQBR Application		
Contact Name:	Title:	
Company Name:		
Email:	Phone:	Fax:
City, Province/Territory and Postal Code:		
Preferred Correspondence:	<input type="checkbox"/> Email	<input type="checkbox"/> Fax
b) Company Contact for Managing Tenders/Scopes of Work		
Contact Name:	Title:	
Company Name:		
Email:	Phone:	Fax:
City, Province/Territory and Postal Code:		
Preferred Correspondence:	<input type="checkbox"/> Email	<input type="checkbox"/> Fax

5. Bondability Information (bondability is not a criteria that would exclude a Kitikmeot Qualified Business from working at the Hope Bay or Back River Project unless bondability is a specific requirement of that contract opportunity).

Is your company bondable?	
Has your company ever applied for a surety bond? Please provide details.	

C) Inuit Content**1. Inuit Firm Status**

a) Please fill out the following form:	<input type="checkbox"/> Appendix C: Consent Form
b) Please append the following:	<input type="checkbox"/> NTI Inuit Firm Registry Certificate
c) What is your company's NTI Inuit Firm Registry Number?	
d) How long has your company been on the NTI Inuit Firm Registry?	
e) Please give the name of the Kitikmeot Inuk Majority-Owner of the company.	
f) Please give the NTI enrollment number of the Kitikmeot Inuk Majority-Owner of the company.	
g) What is the NTI Enrollment List a) community of origin and the associated b) Nunavut region of the Kitikmeot Inuk Majority Owner?	a) b)

2. Kitikmeot Head Office

a) Does your company have a head office in the Kitikmeot Region of Nunavut?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
b) If yes, please provide the address of the company Kitikmeot Head Office:		
Head Office Street Address:		
Head Office Mailing Address:		
Head Office Community and Postal Code:		
Phone:	Email:	Fax:
c) If no, please provide the address of the company Kitikmeot local office:		
Local Office Street Address:		
Local Office Mailing Address:		
Local Office Community and Postal Code:		
Phone:	Email:	Fax:
d) Please provide the following:		
<input type="checkbox"/> Photographs of the company head office in the Kitikmeot Region of Nunavut (interior and exterior); or,		
<input type="checkbox"/> Photographs of the company local office in the Kitikmeot Region of Nunavut (interior and exterior)		
e) Please provide the following:		
<input type="checkbox"/> A copy of your company's Municipal Business License for the coming year.		

3. Inuit Employment and Training

Please fill in the following form:

- ☐ **Appendix D: Inuit Employment and Training History is appended.**

4. Kitikmeot Qualified Business Contracting

Please fill in the following form:

- ☐ **Appendix E: Business and Contracting Record is appended.**

D) Signatures

The undersigned certify that the information in this application and accompanying documents is correct.	
The applicant agrees to notify the Kitikmeot Inuit Association of any changes to any of the information in this application and accompanying documents including company structure and partnerships within thirty (30) days subject to immediate removal from the Registry.	
Company officer #1	
Signed at (location):	Date (day/month/year):
Name (print):	Position Title:
Signature:	
Company officer #2	
Signed at (location):	Date (day/month/year):
Name (print):	Position Title:
Signature:	
For Office Use Only	
Date Received:	
Received By:	