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| UC-horz-rgb.jpg | APPENDIX A  ISN Exception Request Form |

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| **REQUEST FOR DEVIATION FROM UNIVERSITY OF CALGARY PRE-QUALIFIED/PREFERRED VENDOR LIST** | | | | |
| Date Click or tap here to enter text. | | | | |
| Contractor Company Name Click or tap here to enter text. | | | | |
| Contractor Contact Name and Title Click or tap here to enter text. | | | | |
| Phone Number Click or tap here to enter text. | | Email Address Click or tap here to enter text. | | |
| UCalgary Exception Click or tap here to enter text. | | | | |
| Scope of Work Click or tap here to enter text. | | | | |
| Reason for Exception Click or tap here to enter text. | | | | |
| Location of Work with UCalgary Click or tap here to enter text. | | | | |
| Has pre-qualification questionnaire been completed?  YES  NO | | | | |
| Conditions Click or tap here to enter text. | | | | |
| **UCalgary Approver Name – Department/Faculty Director**  Click or tap here to enter text. | **UCalgary Approver Title**  Click or tap here to enter text. | | **UCalgary Approver Signature**  Click or tap here to enter text. | **Date**  Click or tap here to enter text. |
| **UCalgary Approver Name – EHS Representative**  Click or tap here to enter text. | **UCalgary Approver Title**  Click or tap here to enter text. | | **UCalgary Approver Signature**  Click or tap here to enter text. | **Date**  Click or tap here to enter text. |