

Appendix A of the RFSA

Work Coverage

National Coverage

The following applies to PSAB Suppliers offering national coverage and to all General Suppliers.

The Supplier must provide the information required in column B, column C and column D or each of the six regional tables by completing the table below with the information about the Supplier and/or the authorized dealer(s) who will meet the requirements detailed and defined in Part 6A. This information can be used to satisfy the Supplier's Work Coverage provision in Part 6A of the SA.

Region: Pacific			
Business performing the Work: Chandler Office Environment		Business Location: 225 Thorne Avenue PO Box 431 Saint John, NB E2L 4L9	Contact Information for General Enquiries: Name: Joanna Jennery Tel#: 902-483-5018 E-mail: jennery.joanna@chandlersales.com
A	B	C	D
Supplier or Authorized Dealer(s) (if applicable)	Name:	Address:	
Region: Western			
Business performing the Work: Chandler Office Environment		Business Location: 225 Thorne Avenue PO Box 431 Saint John, NB E2L 4L9	Contact Information for General Enquiries: Name: Joanna Jennery Tel#: 902-483-5018 E-mail: jennery.joanna@chandlersales.com
A	B	C	D
Supplier or Authorized Dealer(s) (if applicable)	Name:	Address:	

Region: OntarioBusiness performing the Work: **Chandler Office Environment**Business Location:
**225 Thorne Avenue
PO Box 431
Saint John, NB E2L 4L9**

Contact Information for General Enquiries:

Name: **Joanna Jennery**
Tel#: **902-483-5018**
E-mail: **jennery.joanna@chandlersales.com**

A

B

C

D

Supplier or Authorized Dealer(s) (if applicable)

Name:

Address:

Region: National Capital RegionBusiness performing the Work: **Chandler Office Environment**Business Location:
**225 Thorne Avenue
PO Box 431
Saint John, NB E2L 4L9**

Contact Information for General Enquiries:

Name: **Joanna Jennery**
Tel#: **902-483-5018**
E-mail: **jennery.joanna@chandlersales.com**

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B

C

D

Supplier or Authorized Dealer(s) (if applicable)

Name:

Address:

Region: QuebecBusiness performing the Work: **Chandler Office Environment**Business Location:
**225 Thorne Avenue
PO Box 431
Saint John, NB E2L 4L9**

Contact Information for General Enquiries:

Name: **Joanna Jennery**
Tel#: **902-483-5018**
E-mail: **jennery.joanna@chandlersales.com**

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B

C

D

Supplier or Authorized Dealer(s) (if applicable)

Name:

Address:

Region: AtlanticBusiness performing the Work: **Chandler Office Environment**Business Location:
**225 Thorne Avenue
PO Box 431
Saint John, NB E2L 4L9**

Contact Information for General Enquiries:

Name: **Joanna Jennery**
Tel#: **902-483-5018**
E-mail: **jennery.joanna@chandlersales.com**

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C

D

Supplier or Authorized Dealer(s) (if applicable)

Name:

Address:

Regional Coverage

The following applies to PSAB Suppliers who are offering Regional Coverage only.

The Supplier must provide the information required in column B, column C and column D for the regions offered by completing the table below with the information about the Supplier and/or the authorized dealer(s) who will meet the requirements detailed and defined in Part 6A. This information will be used to satisfy the Supplier's Work Coverage provision in Part 6A of the SA.

NOT APPLICABLE