

**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.

|  |       |  |  |
|--|-------|--|--|
| <b>Region: Pacific</b>   |       |  |  |
| Business performing the Work: <b>Chandler Office Environment</b> |       | Business Location:<br><b>225 Thorne Avenue<br/>PO Box 431<br/>Saint John, NB E2L 4L9</b> | Contact Information for General Enquiries:<br>Name:Terry Hines<br>Tel#: 902-717-3329<br>E-mail: <b>hines.terry@chandlersales.com</b> |
| A  | B     | C  | D  |
| Supplier or Authorized Dealer(s) (if applicable)                 | Name: | Address:   |  |
| <b>Region: Western</b>   |       |  |  |
| Business performing the Work: <b>Chandler Office Environment</b> |       | Business Location:<br><b>225 Thorne Avenue<br/>PO Box 431<br/>Saint John, NB E2L 4L9</b> | Contact Information for General Enquiries:<br>Name:Terry Hines<br>Tel#: 902-717-3329<br>E-mail: <b>hines.terry@chandlersales.com</b> |
| A  | B     | C  | D  |
| Supplier or Authorized Dealer(s) (if applicable)                 | Name: | Address:   |  |

**Region: Ontario**

|  |  |   |
|--|--|---|
| Business performing the Work: <b>Chandler Office Environment</b> | Business Location:<br><b>225 Thorne Avenue<br/>PO Box 431<br/>Saint John, NB E2L 4L9</b> | Contact Information for General Enquiries:<br>Name:Terry Hines<br>Tel#: 902-717-3329<br>E-mail: hines.terry@chandlersales.com |
|--|--|---|

|   |   |   |   |
|---|---|---|---|
| A | B | C | D |
|---|---|---|---|

|  |       |          |  |
|--|-------|----------|--|
| Supplier or Authorized Dealer(s) (if applicable) | Name: | Address: |  |
|--|-------|----------|--|

**Region: National Capital Region**

|  |  |  |
|--|--|--|
| Business performing the Work: <b>Chandler Office Environment</b> | Business Location:<br><b>225 Thorne Avenue<br/>PO Box 431<br/>Saint John, NB E2L 4L9</b> | Contact Information for General Enquiries:<br>Name:Terry Hines<br>Tel#: <b>902-717-3329</b><br>E-mail: hines.terry@chandlersales.com |
|--|--|--|

|   |   |   |   |
|---|---|---|---|
| A | B | C | D |
|---|---|---|---|

|  |       |          |  |
|--|-------|----------|--|
| Supplier or Authorized Dealer(s) (if applicable) | Name: | Address: |  |
|--|-------|----------|--|

**Region: Quebec**

|  |  |   |
|--|--|---|
| Business performing the Work: <b>Chandler Office Environment</b> | Business Location:<br><b>225 Thorne Avenue<br/>PO Box 431<br/>Saint John, NB E2L 4L9</b> | Contact Information for General Enquiries:<br>Name:Terry Hines<br>Tel#: 902-717-3329<br>E-mail: hines.terry@chandlersales.com |
|--|--|---|

|   |   |   |   |
|---|---|---|---|
| A | B | C | D |
|---|---|---|---|

|  |       |          |  |
|--|-------|----------|--|
| Supplier or Authorized Dealer(s) (if applicable) | Name: | Address: |  |
|--|-------|----------|--|

**Region: Atlantic**

|  |  |   |
|--|--|---|
| Business performing the Work: <b>Chandler Office Environment</b> | Business Location:<br><b>225 Thorne Avenue<br/>PO Box 431<br/>Saint John, NB E2L 4L9</b> | Contact Information for General Enquiries:<br>Name:Terry Hines<br>Tel#: 902-717-3329<br>E-mail: hines.terry@chandlersales.com |
|--|--|---|

|   |   |   |   |
|---|---|---|---|
| A | B | 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**