

Past Experience Form

Please provide all the requested information below. Please note that the references/POCs included in this form may or may not be contacted to verify information at the FAA's discretion.

Project #1

Name of Project: _____

Location of Project: _____

Owner/Organization/Customer/Client: _____

General Scope of Project:

Summary of Your Role in this Project: ☐ Prime ☐ Subcontractor

Percent Complete (must be at least 90%) _____

Final Contract Amount (must be over \$25,000) _____

Were You Terminated or Assessed Liquidated Damages? (if yes, explain) _____

Client/Customer Point of Contact Name: _____

Client/Customer POC Phone Number: _____

Client/Customer POC Phone Email: _____

Past Experience Form

Project #2

Name of Project: _____

Location of Project: _____

Owner/Organization/Customer/Client: _____

General Scope of Project:

1 _____

Summary of Your Role in this Project: ☐ Prime ☐ Subcontractor

Percent Complete (must be at least 90%) _____

Final Contract Amount (must be over \$25,000) _____

Were You Terminated or Assessed Liquidated Damages? (if yes, explain) _____

Client/Customer Point of Contact Name: _____

Client/Customer POC Phone Number: _____

Client/Customer POC Phone Email: _____

Past Experience Form

Project #3

Name of Project: _____

Location of Project: _____

Owner/Organization/Customer/Client: _____

General Scope of Project:

Summary of Your Role in this Project: ☐ Prime ☐ Subcontractor

Percent Complete (must be at least 90%) _____

Final Contract Amount (must be over \$25,000) _____

Were You Terminated or Assessed Liquidated Damages? (if yes, explain) _____

Client/Customer Point of Contact Name: _____

Client/Customer POC Phone Number: _____

Client/Customer POC Phone Email: _____