

SOUTHERN CALIFORNIA LOGISTICS AIRPORT AUTHORITY (SCLAA)

BIDDER'S REFERENCES

PROJECT NUMBER AND TITLE: _____

Proposer: _____

LIST OF ANY PROJECTS (REFERENCES) AND COMPANY NAME, CONTACT, AND PHONE NUMBER OF CLIENTS WHO ARE CURRENTLY UTILIZING YOUR SERVICES OR HAVE DONE SO IN THE PAST FIVE YEARS, WITH EMPHASIS ON PROJECTS SIMILAR TO THIS ONE. IF LISTING ADDITIONAL REFERENCES, COPY THIS PAGE AND COMPLETE AS NEEDED.

1.	Name of Agency	
	Address	
	Contact Person Name:	
	Contact Person Phone:	
	Contact Email:	
	Agreement Duration:	
	Scope of Services:	
2.	Name of Agency	
	Address	
	Contact Person Name:	
	Contact Person Phone:	
	Contact Email:	
	Agreement Duration:	
	Scope of Services:	
3.	Name of Agency	
	Address	
	Contact Person Name:	
	Contact Person Phone:	
	Contact Email:	
	Agreement Duration:	
	Scope of Services:	