

RELEVANT EXPERIENCE VERIFICATION FORM**PART I. (To be completed by the Offeror)**

Project Identification Information:	
Contractor Name	
Contract No.	
Subcontract No. (if applicable)	
Program/Project Title	
Client Reference Information	
Reference Name	
Title	
Agency or Organization Name	
Phone No.	
Email	

PART II. CORPORATE EXPERIENCE (To be completed by Point of Contact – Respondent)

The following questions pertain to the contractor's corporate experience (within the past five years). The information that you provide will be used in the awarding of a federal contract. Therefore, it is important that our information be as factual and accurate as possible.

Please acknowledge the corporate experience of the contractor for the project in which you had cognizance of their performance as follows:

Project Description	
North American Industry Classification System (NAICS) No.	
Product and Service Code (PSC)	
Total Period of Performance, Including Options: (MM/YYYY - MM/YYYY or MM/YYYY – Present)	
Project Value (Dollars):	
Place of Performance/Location	
Name of Awarding Official	

Describe the scope of work, tasks performed, and deliverables received.

Solicitation 2032H8-24-R-00005
ATTACHMENT# 07

Signature below by a Contracting Officer, Contracting Officer’s Representative, Contracting Officer’s Technical Representative, or other Corporate Official for the ordering activity constitutes acceptance of the above project information to be accurate as ordered and received by the listed entity.

Signature of Client Reference: (must be provided by a Contracting Officer, Contracting Officer’s Representative, Contracting Officer’s Technical Representative, or other Corporate Official with cognizance over the project for the ordering activity)	
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