## Attachment 8



## CONTRACTOR REFERENCES

|                                    | To be completed by the Offeror. At least three (3) references for whom services were rendered as the Prime Contractor and for work similar to this project. |       |                            |                                  |  |  |
|------------------------------------|---|-------|----------------------------|----------------------------------|--|--|
| PROVIDER IN                        | FORMATION   |       |                            |                                  |  |  |
| 1. Name of Provider                | ORIVINITION   |       |                            | 2. Solicitation Reference Number |  |  |
| CLIENT #1 INF                      | ORMATION  |       |                            |                                  |  |  |
| 3. Organization Name               |   |       | 4. Organization Addres     | S                                |  |  |
| 5. Project Name                    |   |       | 6. Project Dates<br>Start: | End:                             |  |  |
| 7. Contact<br>Name/Title           | Email:  | Phone |                            |                                  |  |  |
| 8. Scope of Services               |   |       |                            |                                  |  |  |
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| CI IENTE "A INI                    | CODM ATRION   |       |                            |                                  |  |  |
| CLIENT #2 INF 3. Organization Name | ORMATION  |       | 4. Organization Address    | s                                |  |  |
| 5 D : (N                           |   |       |                            |                                  |  |  |
| 5. Project Name                    |   |       | 6. Project Dates<br>Start: | End:                             |  |  |
| 7. Contact<br>Name/Title           | Email:  | Phone | 1                          |                                  |  |  |
| 8. Scope of Services               |   |       |                            |                                  |  |  |
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| CLIENT #3 INFORMATION |          |       |                            |       |  |  |  |  |
|-----------------------|----------|-------|----------------------------|-------|--|--|--|--|
| 3. Organization Name  |          |       | 4. Organization Address    |       |  |  |  |  |
|                       |          |       |                            |       |  |  |  |  |
| 5. Project Name       |          |       | 6. Project Dates<br>Start: | End:  |  |  |  |  |
|                       |          |       | Start.                     | Litt. |  |  |  |  |
| 7. Contact Name/Title | Email:   | Phone |                            |       |  |  |  |  |
|                       | EIIIaII: | rnone |                            |       |  |  |  |  |
| 8. Scope of Services  |          |       |                            |       |  |  |  |  |
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9. Additional Comments