ATTACHMENT 1 – REFERENCE FORM

Request for Letters of Interest No. OFN/261147
Operations Support System and Business Support System (OSS/BSS) for Fiber Network Services

In order to be deemed responsive and responsible, Proposer must be able to provide: (a) proof of verifiable experience supplying and delivering products of a similar scope as those outlined in this Solicitation to a governmental agency, electric and/or fiber provider, and/or utility company for a period of no less than five (5) years; and (b) at least three (3) governmental agency, electric provider, and/or utility company references who have utilized OSS/BSS system and who can attest to proposer's experience and services on similar purchases. For each reference identified, proposer must provide the name of the entity, contact person, phone number, email address. This **Attachment 1 – Reference Form** should be utilized to provide the foregoing information.

COMPANY NAME

Name of Entity:			
Contact Name:		**Title:**	
Address:			
Telephone:		**E-Mail:**	
Length of Business Relationship:			
SYSTEM INTERFACES: As part of this project, what systems did the OSS/BSS system interface with (i.e., API, OMS, GIS, AMI etc.)?			

Name of Entity:			
Contact Name:		**Title:**	
Address:			
Telephone:		**E-Mail:**	
Length of Business Relationship:			
SYSTEM INTERFACES: As part of this project, what systems did the OSS/BSS system interface with (i.e., API, OMS, GIS, AMI etc.)?			

Name of Entity:			
Contact Name:		**Title:**	
Address:			
Telephone:		**E-Mail:**	
Length of Business Relationship:			
SYSTEM INTERFACES: As part of this project, what systems did the OSS/BSS system interface with (i.e., API, OMS, GIS, AMI etc.)?			

If additional pages are needed, please attach additional sheets to this page.

Printed Name of Authorized Signatory Signature Date