PSLA P.O. Box AE	Project name(s) and number(s) for which firm is appl	2. Date Submitted:		
Reserve, LA 70084	AIRPORT CONSULTING SERVIC	3. Specify type of ownership and check below if applicableprivate corporation*public corporationproprietorship*		
		A. Small business		
PORTSL PORT OF SOUTH LOUISIANA		B. Minority owned business		
PSLA FORM 1		C. Woman owned business		
4a. Firm (or joint venture) name and mailing address:		4d. Address of office to perform work		
4b. Location (city) of hea	adquarters:	4e. Name, title and telephone number of principal to contact		
4c. Name of parent com	pany (if any):	4f. Name, title and telephone number of proposed project manager		
5. Full time personnel (Cour	at each only once, by primary function. If all personnel not in office to	perform work, indicate personnel in office to perform work separately by " * ", e.g. 5/1*)		
		Total Personnel Domiciled in LA Total Personnel		
6b. If so, has joint venture worked together before?yesno 6c. If a joint venture, name of lead firm: 7a. Airport Consulting Specialty: 7b. Planning Specialty: 7c. Other Specialty: Rang  1 les 2 \$25		8. Summary of professional service fees received (insert index number):    2023 2022 2021 2020 2019		
		Ranges of professional services fees    Index     1   less than \$250,000		

9. Do you intend to use outside subconsultants or subcontractors?	yes no	
Name and address of subconsultant or subcontractor	Specialty	Worked with prime before (yes/no)
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		

10. Brief resume of key persons anticipated for this project

a. Name and title	a. Name and title
b. Project assignment	b. Project assignment
c. Name of firm by which employed full time and location of office	c. Name of firm by which employed full time and location of office
d. Years experience with this firm With other firms	d. Years experience with this firm With other firms
e. Education: Degree(s) / Years / Specialization	e. Education: Degree(s) / Years / Specialization
f. Active registration: Year first registered/ Discipline Branch LA. License No	f. Active registration: Year first registered/ Discipline Branch LA. License No
g. Experience and qualifications relevant to the proposed project:	g. Experience and qualifications relevant to the proposed project:

11. Work by firm's personnel members to be assigned to this job which best illustrates current qualifications relevant to this project (list not more than 15 projects)

Estimated Fee (000's)

Project Name & Location and Owner's Name	Project Description	Nature of Firm's Responsibilities	Complet. Date (Actual or Est.)	Entire Project	Firm's Work
1)					
2)					
3)					
4)					
5)					

				Estimated F	ee (000's)
Project Name & Location and Owner's Name	Project Description	Nature of Firm's Responsibilities	Complet. Date (Actual or Est.)	Entire Project	Firm's Work
6)					
7)					
8)					
,					
9)					
,					
10)					
,					

				Estimated I	ee (000's)
Project Name & Location and Owner's Name	Project Description	Nature of Firm's Responsibilities	Complete Date (Actual or Est.)	Entire Project	Firm's Work
11)					
12)					
13)					
14)					
15)					
		L		]	

12. Please provide a list of projects currently being performed by firm's office which will perform this work Indicate whether work Professional Fees completed as prime, subconsultant or joint venture (000's)Percent Complete Fee **Project Name and Location** Nature of Firm's Responsibility Total Fee Remain.

firm owner(s) as required in section 3. Also indicat	in or description of resources supporting your lin te firm's computer drafting capabilities	n's qualifications for the proposed project. Indicate
14. The foregoing is a statement of facts.		
Signature:	Typed Name and Title:	Date: