**Exhibit Two (2): Qualification and Reference Sheet**

1. The State of Oklahoma, on behalf of Oklahoma Management and Enterprise Services, OMES, on behalf of the Oklahoma Department of Public Safety (DPS), Solicitation 5850000496 - Autopilot and Stability Augmentation System, SAS, purchase and installation, reference form and questionnaire.

Institution / Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Point of Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­

Authorized Point of Contact Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Point of Contact E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Point of Contact Phone Number (area code included): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Point of Contact Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Company Referencing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Use the below format to evaluate the overall performance of above referenced supplier you are currently or previously working with. Apply strength factor, five (5) being the strongest for each item and One (1) being the weakest.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supplier Evaluation** | **1** | **2** | **3** | **4** | **5** |
| Quality of Service Provided |  |  |  |  |  |
| Staff Expertise |  |  |  |  |  |
| Customer Service |  |  |  |  |  |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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