



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: BLD2129654P1, Security Guard Services for FLL and North Perry Airports

Reference For (hereinafter, "Vendor"):	Alutiiq Diversified Services, Inc. (ADS), (Shields Point, LLC sister subsidiary)		
Reference Date:	10/6/25		
Organization/Firm Providing Reference:	Joint Interagency Task Force-South (JIATF-S)		
Contact Name:	Joshua Bassett		
Contact Title:	Technical Point of Contact		
Contact Email:	joshua.d.bassett.civ@mail.mil		
Contact Phone:	305-293-5199		
Name of Referenced Project:	Joint Interagency Task Force-South (JIATF-S)		
Contract Number:	W91QEX24C0002		
Date Range of Services Provided:	Start Date: 08/01/24	End Date: 07/31/29	
Project Amount:	\$10,263,793.79		
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor	
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

If you answered no to the question above, please specify below: (attach additional sheet if needed)
 Click or tap here to enter text.

Description of services provided by Vendor, please specify below: (attach additional sheet if needed)
 Alutiiq provides security and monitoring services to JIATF-South in the form of a 24-hour security force as well as 24-hour screening of all facility entrants.

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
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Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.

*****THE SECTION BELOW IS FOR COUNTY USE ONLY*****

Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Cesar Rossy	Division: Security
		Date: 12/17/2025



Contracts Central

Broward County Purchasing Division

Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wilcards Are Permitted (ie. wa*, *wa*,wa*inc)

Afognak Diversified Services, Inc.

Search

Reset

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No Vendors Found For Your Search. Try Again



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: BLD2129654P1 - Security Guard Services for FLL and North Perry Airports				
Reference For (hereinafter, "Vendor"):	American Guard Services, Inc.			
Reference Date:	11/04/2025			
Organization/Firm Providing Reference:	University of Southern California (USC)			
Contact Name:	Phil Turner			
Contact Title:	Safety Manager, USC Auxiliary Services, Housing			
Contact Email:	plturner@usc.edu			
Contact Phone:	818-482-6674 or 213-821-4335			
Name of Referenced Project:	Security Guard Services			
Contract Number:	4813b			
Date Range of Services Provided:	Start Date: 07/01/2024	End Date: Present		
Project Amount:	\$4,109,315.43			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed) Click or tap here to enter text.				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) AGS provides security officer services for University of Southern California (USC) Housing. AGS staffs twenty (20) security officer stations, ensuring that all individuals entering the living areas are properly identified and cleared for entry while denying access to unverified parties. Officers remain alert for unusual noises, odors, or smoke that could indicate fire or other incidents, and provide high-level customer service to all individuals they encounter. All incidents are reported to an AGS Supervisor and the USC Department of Public Safety in accordance with the Clery Act. Officers maintain Daily Activity Reports for review by stakeholders and AGS management, and secure and report any lost personal property to the Department of Public Safety or the on-duty AGS Supervisor.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Verified via: <input checked="" type="checkbox"/> X Email <input type="checkbox"/> Verbal	Verified by: esar Rossy	Division: Security
		Date: 12/17/2025

endor Reference Verification Form – FP/RLI/RFQ
Form Date 4/1/25



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: BLD2129654P1 - Security Guard Services for FLL and North Perry Airports				
Reference For (hereinafter, "Vendor"): e	American Guard Services, Inc. e			
Reference Date: e	09/17/2025 e			
Organization/Firm Providing Reference: e	Chino Airport e			
Contact Name: e	Greg Zarco e			
Contact Title: e	Airport Manager e			
Contact Email: e	Greg.zarco@airports.sbcounty.gov e			
Contact Phone: e	(760)482 -7461e			
Name e Referenced Project: e	Security Guard Services e			
Contract Number: e	RGS_03262024160245376 e			
Date Range of Services Provided: e	Start Date: 04/08/2024 e	End Date: Ongoing e		
Project Amount: e	\$216,000 (part of a master contract) e			
Vendor's Role in Project: e	<input checked="" type="checkbox"/> Prime e	<input type="checkbox"/> Subconsultant/Subcontractor e		
Would you use this Vendor again? e	<input checked="" type="checkbox"/> Yes e	<input type="checkbox"/> No e		
If you answered no to the question above, please specify below: (attach additional sheet if needed) e N/A				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) e AGS security personnel observe, report, and assist with de-escalation e incidents at all County location sites; Promote and maintain good public relations; anticipate criminal acts and take remedial action from discernment e person's e conduct; Courteously direct and assist in the apprehension, oelawbreakers; Assist with traffic control and issue e parking citations. e				
Please rate your experience with the e referenced Vendor via checkbox: e	Needs e Improvement e	Satisfactory e	Excellent e	Not Applicable e
Vendor's Quality of Service: e				
Responsive: e	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy: e	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables: e	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization: e				
Staff Expertise: e	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism: e	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover: e	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of: e				
Project: e	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables: e	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget: e	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with: e				
Your Firm: e	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s): e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies): e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward county procurement code.</i>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: e <input checked="" type="checkbox"/> Email e <input type="checkbox"/> Verbal e	Verified by: e	Cesar Rossy	Division: e	Security
			Date: e	12/17/2025 e



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: BLD2129654P1 - Security Guard Services for FLL and North Perry Airports

Reference For (hereinafter, "Vendor"):	American Guard Services, Inc.		
Reference Date:	10/07/25		
Organization/Firm Providing Reference:	County of Brevard		
Contact Name:	Wendi Jo Bost		
Contact Title:	Director		
Contact Email:	wbost@brev.org		
Contact Phone:	321-633-1801		
Name of Referenced Project:	Security Guard Services		
Contract Number:	RFP-P-1-23-02-0-2023		
Date Range of Services Provided:	Start Date: 03/01/2023	End Date: present	
Project Amount:	\$ 752,337.06		
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor	
Would you use this Vendor again?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If you answered no to the question above, please specify below: (attach additional sheet if needed)
 Click or tap here to enter text.

Description of services provided by Vendor, please specify below: (attach additional sheet if needed)
 AGS provides unarmed security officers for the Brevard County ("County") Public Works Department/Facilities, Parks & Recreation Department campgrounds, and select Library Services Departments. Duties include provision of professional customer service and general information to the public; performance of walkthrough metal detector screening and handheld wand to screen all visitors for weapons and other contraband; search of personal belongings (i.e., purses, handbags, backpacks, briefcases, containers, etc.) for weapons and other contraband using X-Ray machines; ensure proper Americans with Disabilities Act (ADA) treatment through screening stations; keeping a daily written log of all activities; patrol the perimeter of the facilities every hour or as entrant traffic allows; report any dangerous situations to the County Sheriff's Office Staff; and more.

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Wendi Bost	Division: Library Services
		Date: 10/7/2025

Vendor Reference Verification Form – RFP/RLI/RFQ
Form Date 4/1/25



Contracts Central

Broward County Purchasing Division

Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wilcards Are Permitted (ie. wa*, *wa*, wa*inc)

American Guard Services, Inc.

Search

Reset

Finish

No Vendors Found For Your Search. Try Again

Solicitation No. & Title: Click or tap here to enter text.				
Reference For (hereinafter, "Vendor"): e	Chiada Security e			
Reference Date: e	12-01-2025			
Organization/Firm Providing Reference: e	Enterprise Security, Inc e			
Contact Name: e	Dr. Agaptus Chikwe e			
Contact Title: e	Operations Manager e			
Contact email: e	Agaptus38@yahoo.com e			
Contact Phone: e	954-58 -1125 e			
Name of Referenced Project: e	Riverside Hotel, Fort Lauderdale, FL e			
Contract Number: e	N/A			
Date Range of Services Provided: e	Start Date: e1994 e	End Date: e1998 e		
Project Amount: e	Click or tap here to enter text. \$505,000.00 e			
Vendor's Role in Project: e	<input type="checkbox"/> Prime e	<input checked="" type="checkbox"/> Subconsultant/Subcontractor		
Would you use this vendor again? e	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No e		
If you answered no to the question above, please specify below: (attach additional sheet if needed) e Click or tap here to enter text. e				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) e Provided night security guards for the hotel. In addition, provided additional security for special events for e the hotel. e				
Please rate your experience with the e referenced vendor via checkbox: e	Needs e Improvement e	Satisfactory e	Excellent e	Not eApplicable e
Vendor's Quality of Service: e				
Responsive: e	<input type="checkbox"/> D	<input type="checkbox"/> D	<input checked="" type="checkbox"/> D	<input type="checkbox"/> D
Accuracy: e	<input type="checkbox"/> D	<input type="checkbox"/> D	<input checked="" type="checkbox"/> D	<input type="checkbox"/> D
Deliverables: e	<input type="checkbox"/> D	<input type="checkbox"/> D	<input checked="" type="checkbox"/> D	<input type="checkbox"/> D
Vendor's Organization:				
Staff Expertise: e	<input type="checkbox"/> D	<input type="checkbox"/> D	<input checked="" type="checkbox"/> D	<input type="checkbox"/> D
Professionalism: e	<input type="checkbox"/> D	<input type="checkbox"/> D	<input checked="" type="checkbox"/> D	<input type="checkbox"/> D
Turnover: e	<input type="checkbox"/> D	<input type="checkbox"/> D	<input checked="" type="checkbox"/> D	<input type="checkbox"/> D
Timeliness of:				
Project: e	<input type="checkbox"/> D	<input type="checkbox"/> D	<input checked="" type="checkbox"/> D	<input type="checkbox"/> D
Deliverables: e	<input type="checkbox"/> D	<input type="checkbox"/> D	<input checked="" type="checkbox"/> D	<input type="checkbox"/> D
Project completed within budget: e	<input type="checkbox"/> D	<input type="checkbox"/> D	<input checked="" type="checkbox"/> D	<input type="checkbox"/> D
Cooperation with:				
Your Firm: e	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D
Subcontractor(s)/Subconsultant(s): e	<input type="checkbox"/> D	<input type="checkbox"/> D	<input checked="" type="checkbox"/> D	<input type="checkbox"/> D
Regulatory Agency(ies): e	<input type="checkbox"/> D	<input type="checkbox"/> D	<input checked="" type="checkbox"/> D	<input type="checkbox"/> D
<small>All information provided to Broward County is subject to verification. A vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this a response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of a Vendor pursuant to the Broward County Procurement Code.</small>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: e <input type="checkbox"/> Email e <input checked="" type="checkbox"/> Verbal e	Verified by: e	Cesar Rossy e	Division: e	Security e
			Date: e	12/17/2025 e

VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: Click or tap here to enter text.

Reference For (hereinafter, "Vendor"): o	Click or tap here to enter text. <u>C - ADA SECURITY o</u>	
Reference Date: o	Click or tap here to enter text. <u>02/01/2025</u>	
Organization/Firm Providing Reference: o	Click or tap here to enter text. o <u>BDS SEC 119 o</u>	
Contact Name: o	Click or tap here to enter text. o <u>BISHOP JOE NKORNEH</u>	
Contact Title: o	Click or tap here to enter text. o <u>BISHOP</u>	
Contact Email: o	Click or tap here to enter text. o <u>BISHOP JOSEPH SANTUS HOTMAIL</u>	
Contact phone: o	Click or tap here to enter text. o <u>30 - 300 - 0724</u>	
Name of Referenced project: o	Click or tap here to enter text. o <u>THE WAY THROUGH</u>	
Contract Number: o	Click or tap here to enter text. o <u>305 - 41 - 26 26</u>	
Date Range of Services Provided: o	Start Date: o <u>01/23/2025</u>	End Date: o <u>Present - o</u>
Project Amount: o	Click or tap here o enter text. o <u>\$50,000</u>	
Vendor's Role in project: o	<input checked="" type="checkbox"/> Prime o	<input type="checkbox"/> Subconsultant/Subcontractor o
Would you use this Vendor again? o	<input checked="" type="checkbox"/> Yes o	<input type="checkbox"/> No o

If you answered no to the question above, please specify below: (attach additional sheet if needed) o
Click or tap here to enter text. o

Description of services provided by Vendor, please specify below: (attach additional sheet if needed) o
Click or tap here to enter text. o

Please rate your experience with the referenced Vendor via checkbox: o	Needs o Improvement o	Satisfactory	Excellent o	Not Applicable o
Vendor's Quality of Service:				
Responsive: o	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy: o	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables: o	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Vendor's organization: o				
Staff Expertise: o	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Professionalism: o	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Turnover: o		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Timeliness of: o				
Project: o		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Deliverables: o	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget: o	<input type="checkbox"/>	<input type="checkbox"/>		
Cooperation with: o				
Your Firm: o	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Subcontractor(s)/Subconsultant(s): o	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies): o	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Verified via: o <input checked="" type="checkbox"/> Email o <input type="checkbox"/> Verbal o	Verified by: o Cesar Rossy o	Division: Security
		Date: o 12/17/2025



Contracts Central

Broward County Purchasing Division

Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wilcards Are Permitted (ie. wa*, *wa*, wa*inc)

Chi-Ada Security LLC

Search

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VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: BLD2129654P1 – Security Guard Services for FLL and North Perry Airports

Reference For (hereinafter, "Vendor"):	Covenant Aviation Security, LLC		
Reference Date:	09/29/25		
Organization/Firm Providing Reference:	City and County of Denver, Denver International Airport		
Contact Name:	John Smithwick		
Contact Title:	Senior Director of Airport Operations		
Contact Email:	John.Smithwick@flydenver.com		
Contact Phone:	303-342-4312		
Name of Referenced Project:	DEN Security Services – Regulatory Services Agreement		
Contract Number:	Contract No. 202159447-00		
Date Range of Services Provided:	Start Date: 07/22/22	End Date: 07/21/27	
Project Amount:	\$145,548,419.28		
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor	
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

If you answered no to the question above, please specify below: (attach additional sheet if needed)
 Click or tap here to enter text.

Description of services provided by Vendor, please specify below: (attach additional sheet if needed)
 Covenant Aviation Security is contracted to provide approximately 350 security guards at DEN. The scope of work includes all regulatory posts including, but not limited to, vehicle entry gates, vendor inspections of products entering the sterile area, freight elevators, perimeter and concourse patrols, construction access, and other security requirements.

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
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Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Cesar Rossy	Division: Security
		Date: 12/17/2025



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: BLD2129654P1 – Security Guard Services for FLL and North Perry Airports

Reference For (hereinafter, "Vendor"):	Covenant Aviation Security		
Reference Date:	10/8/2025		
Organization/Firm Providing Reference:	Port of Portland		
Contact Name:	Ethan Barske		
Contact Title:	Sr. Manager, Aviation Security		
Contact Email:	Ethan.Barske@portofportland.com		
Contact Phone:	503-423-7065		
Name of Referenced Project:	Aviation Security Services Contract		
Contract Number:	1592		
Date Range of Services Provided:	Start Date: 6/1/2025	End Date: 5/30/2033	
Project Amount:	\$48M		
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor	
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

If you answered no to the question above, please specify below: (attach additional sheet if needed)
 Click or tap here to enter text.

Description of services provided by Vendor, please specify below: (attach additional sheet if needed)
 Perform employee screening at randomly assigned access points to the Restricted Area; Staff vehicle security checkpoints on the airfield 24/7/365 to perform personnel identity verification and vehicle security screenings; Staff a terminal exit lane 24/7 to prevent counterflow and breaches of the Sterile Area; Staff access points to CBP FIS during international flight arrival operations; Conduct security patrols and audits throughout the PDX campus as assigned; Perform ad hoc security services as as assigned, such as staffing temporary access portals, providing escorts, or providing security staff in support of irregular operations or events.

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Cesar Rossy	Division:	Security
		Date:	12/17/2025

Vendor Reference Verification Form – RFP/RFI/RFQ
Form Date 4/1/25



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: BLD2129654P1 – Security Guard Services for FLL and North Perry Airports

Reference For (hereinafter, “Vendor”):	Covenant Aviation Security, LLC		
Reference Date:	October 1, 2025		
Organization/Firm Providing Reference:	City of Phoenix – Aviation Department		
Contact Name:	Annie Sleeper		
Contact Title:	Contracts Specialist II*Lead		
Contact Email:	annie.sleeper@phoenix.gov		
Contact Phone:	602-273-4389		
Name of Referenced Project:	Aviation Security Guard Services – Regulatory - External		
Contract Number:	159472		
Date Range of Services Provided:	Start Date: January 1, 2024	End Date: December 31, 2029	
Project Amount:	\$14.5M		
Vendor’s Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor	
Would you use this Vendor again?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If you answered no to the question above, please specify below: (attach additional sheet if needed)
 (Due to City policy, no subjective rating can be completed on this form – all scope and contract info is listed)

Description of services provided by Vendor, please specify below: (attach additional sheet if needed)
 The vendor provides unarmed, uniformed security services and patrols at various posts for Phoenix Sky Harbor International Airport and its owned and maintained facilities. These posts are generally outdoor within and/or along the perimeter of the airports or any Aviation Department controlled off campus properties. The contract estimates 1336 weekly hours for security guards and 168 weekly hours for supervision.

The vendor’s current contract (No. 159472) started on January 1, 2024 and is for an initial two years with three one-year options to extend. Previously, the vendor provided these services from January 1, 2019 – December 31, 2023 under Contract No. 149066.

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor’s Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor’s Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Cesar Rossy	Division:	Security
		Date:	12/17/2025

Vendor Reference Verification Form – RFP/RLI/RFQ
Form Date 4/1/25



Contracts Central

Broward County Purchasing Division

Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wildcards Are Permitted (ie. wa*, *wa*, wa*inc)

Covenant Aviation Security, LLC

Search

Reset

Finish

No Vendors Found For Your Search. Try Again



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: BDL21296541P1 – Security Guard Services for Ft.Lauderdale International Airport & North Perry Airport

Reference For (hereinafter, “Vendor”):	Global Security Consulting Group, Inc.		
Reference Date:	10/20/2025		
Organization/Firm Providing Reference:	Delta Airlines - LGA		
Contact Name:	Mayra Fazio		
Contact Title:	General Manager		
Contact Email:	Mayra.fazio@delta.com		
Contact Phone:	718 578 8026		
Name of Referenced Project:	Terminal – C Security Services - LGA		
Contract Number:	#CW2501736		
Date Range of Services Provided:	Start Date: 2/13/2024	End Date: 2/12/2027 Currently	
Project Amount:	6.9M		
Vendor’s Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor	
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

If you answered no to the question above, please specify below: (attach additional sheet if needed)
 Click or tap here to enter text.

Description of services provided by Vendor, please specify below: (attach additional sheet if needed)
 Terminal Security

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
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Vendor’s Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Vendor’s Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Cesar Rossy	Division: Security
		Date: 12/17/2025



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: BDL21296541P1 – Security Guard Services for Ft.Lauderdale International Airport & North Perry Airport

Reference For (hereinafter, "Vendor"):	Global Security Associates, LLC		
Reference Date:	10/7/2025		
Organization/Firm Providing Reference:	Metropolitan Washington Airports Authority (MWA) IAD & DCA		
Contact Name:	Andrew Abdale		
Contact Title:	Assistant Airport Security Coordinator/DCA COTR		
Contact Email:	Andrew.Abdale@mwa.com		
Contact Phone:	+1 703-417-1350		
Name of Referenced Project:	Unarmed Guard Services DCA & IAD		
Contract Number:	SC-24-00058		
Date Range of Services Provided:	Start Date: 4/1/2024	End Date: 4/30/2027 Current	
Project Amount:	Combined DCA & IAD – \$41.9M – 3 year base contract		
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor	
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

If you answered no to the question above, please specify below: (attach additional sheet if needed)
N/A

Description of services provided by Vendor, please specify below: (attach additional sheet if needed)
IAD: Terminal Security, Roving site supervisor, exterior vehicle gate inspections, exterior rover, exit lanes, concourse rover, merchandise inspection, Aviation Worker Inspection Program team
DCA: Terminal Security, Roving site supervisor, exterior vehicle gate inspections, exit lanes, concourse rover, loading dock inspector, loading dock X-ray, Aviation Worker Inspection Program team

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
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Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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<input type="checkbox"/> X Email	Cesar Rossy	Division:	12/17/2025
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Verified via: Verbal

Verified by:

Date:

Click or tap here to enter text.

Vendor Reference Verification Form – RFP/RFI/RFQ
Form Date 4/1/25



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: BDL21296541P1 – Security Guard Services for Ft.Lauderdale International Airport & North Perry Airport

Reference For (hereinafter, "Vendor"):	Global Security Consulting Group, Inc.		
Reference Date:	10/15/2025		
Organization/Firm Providing Reference:	United Airlines		
Contact Name:	Vihen Hung		
Contact Title:	Manager - Security		
Contact Email:	Vihen.hung@united.com		
Contact Phone:	973 681 0396		
Name of Referenced Project:	Airport Services Agreement / Security Services Terminal C		
Contract Number:	CW69920		
Date Range of Services Provided:	Start Date: 12/1/2018	End Date: current/ongoing	
Project Amount:	Annual \$3.5M		
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor	
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

If you answered no to the question above, please specify below: (attach additional sheet if needed)
 Click or tap here to enter text.

Description of services provided by Vendor, please specify below: (attach additional sheet if needed)
 Terminal Security, Alarm response, Access Control, SCC (Security Control Center)

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
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Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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		Date: 12/17/2025



Contracts Central

Broward County Purchasing Division

Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wildcards Are Permitted (ie. wa*, *wa*,wa*inc)

Global Security Consulting Group Inc.

Search

Reset

Finish

No Vendors Found For Your Search. Try Again



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: Security Guard Services for Fort Lauderdale-Hollywood International Airport & North Perry Airport

Reference For (hereinafter, "Vendor"):	Inter-Con Security Systems, Inc.		
Reference Date:	9/19/2025		
Organization/Firm Providing Reference:	[REDACTED]		
Contact Name:	[REDACTED]		
Contact Title:	Airport Security Manager		
Contact Email:	[REDACTED]		
Contact Phone:	[REDACTED]		
Name of Referenced Project:	Airport Security Service		
Contract Number:	Click or tap here to enter text.		
Date Range of Services Provided:	Start Date: 1/1/2023	End Date: 12/31/2027	
Project Amount:	Click or tap here to enter text.		
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor	
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

If you answered no to the question above, please specify below: (attach additional sheet if needed)
 Click or tap here to enter text.

Description of services provided by Vendor, please specify below: (attach additional sheet if needed)
 Contract security services

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
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Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Cesar Rossy	Division: Security
		Date: 12/17/2025



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: Security Guard Services for Fort Lauderdale-Hollywood International Airport & North Perry Airport

Reference For (hereinafter, "Vendor"):	Inter-Con Security Systems, Inc.		
Reference Date:	9/18/2025		
Organization/Firm Providing Reference:	[REDACTED]		
Contact Name:	[REDACTED]		
Contact Title:	Manager, Global Aviation Compliance Corporate Security		
Contact Email:	[REDACTED]		
Contact Phone:	[REDACTED]		
Name of Referenced Project:	Airport Security Service		
Contract Number:	Click or tap here to enter text.		
Date Range of Services Provided:	Start Date: 12/15/2025	End Date: Present	
Project Amount:	Click or tap here to enter text.		
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor	
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

If you answered no to the question above, please specify below: (attach additional sheet if needed)
 Click or tap here to enter text.

Description of services provided by Vendor, please specify below: (attach additional sheet if needed)
 Persons & Accessible Property security screening. Inspection of Merchandise security screening.

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
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Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Cesar Rossy	Division: Security
		Date: 12/17/2025



Contracts Central

Broward County Purchasing Division

Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wildcards Are Permitted (ie. wa*, *wa*,wa*inc)

Inter-Con Security Systems, Inc.

Search

Reset

Finish

No Vendors Found For Your Search. Try Again



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: BLD2129654P1 – Security Guard Services				
Reference For (hereinafter, "Vendor"):	Tarian Group, LLC			
Reference Date:	9/22/2025			
Organization/Firm Providing Reference:	Syracuse Regional airport Authority			
Contact Name:	Aaron Harris, CM			
Contact Title:	Chief Operating Officer			
Contact Email:	harrisa@syracuse.org			
Contact Phone:	314.455.3629			
Name of Referenced Project:	Click or tap here to enter text.			
Contract Number:	Click or tap here to enter text.			
Date Range of Services Provided:	Start Date: July 2024	End Date: Ongoing		
Project Amount:	\$1.3 million annually			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed) Click or tap here to enter text.				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) Tarian provides approximately 20 security personnel who deliver 721 hours per week of security services. Duties include but are not limited to: access control, record maintenance and creation, incident management procedure implementation, vehicle and SIDA badge inspection, employee screening, lost and found management, curb-to-counter service for passengers who need assistance, driver's license inspection, terminal patrols, response to security-related incidents, and inspection of items moving from public to sterile areas.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.</i>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
<input type="checkbox"/> X Email	Cesar Rossy	Division:	Security	

Verified via: Verbal

Verified by:

Date:

12/17/2025

Vendor Reference Verification Form – RFP/RFI/RFQ
Form Date 4/1/25



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: BLD2129654P1 – Security Guard Services for FLL and North Perry Airports

Reference For (hereinafter, "Vendor"):	Tarian Group, LLC		
Reference Date:	9/22/25		
Organization/Firm Providing Reference:	Salt Lake City International Airport		
Contact Name:	Gary Bilbrey, II CM		
Contact Title:	Airport Operations Manager - Security		
Contact Email:	Gary.bilbrey@slcgov.com		
Contact Phone:	801.575.2373		
Name of Referenced Project:	Security Guard Services		
Contract Number:	SLCAIR21011		

Date Range of Services Provided:	Start Date: 2011	End Date: ongoing
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Project Amount:	\$2,976,321.92
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Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor
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Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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If you answered no to the question above, please specify below: (attach additional sheet if needed)
 Click or tap here to enter text.

Description of services provided by Vendor, please specify below: (attach additional sheet if needed)
 Since 2011, Tarian has partnered with Salt Lake City International Airport and currently provides over 1,700 hours per week of service using a team of 50 security officers between 4 gate locations, multiple random and Aviation Worker door inspection locations and perimeter patrols which includes information and wayfinding services, vehicle and foot patrols, badge verifications, weapons detection at entrances, and protection of security sensitive areas at vehicle gates.

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
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Vendor's Quality of Service:

Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Vendor's Organization:

Staff Expertise:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Timeliness of:

Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cooperation with:

Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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*****THE SECTION BELOW IS FOR COUNTY USE ONLY*****

Verified via: <input type="checkbox"/> X Email <input type="checkbox"/> Verbal	Verified by: Cesar Rossy	Division: Security
		Date: 12/17/2025



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: BLD2129654P1 – Security Guard Services for FLL and North Perry Airports

Reference For (hereinafter, "Vendor"):	Tarian Group, LLC		
Reference Date:	9/22/2025		
Organization/Firm Providing Reference:	Hartsfield-Jackson Atlanta International Airport		
Contact Name:	Maurice S. Travis		
Contact Title:	Director Safety & Security		
Contact Email:	Maurice.travis@atl.com		
Contact Phone:	404.382.2115		
Name of Referenced Project:	Terminal & Concourses, Screening & Inspection Services		
Contract Number:	223144		
Date Range of Services Provided:	Start Date: 2016	End Date: 06/2026	
Project Amount:	\$12,696,670.40 Annually		
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor	
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

If you answered no to the question above, please specify below: (attach additional sheet if needed)
 Click or tap here to enter text.

Description of services provided by Vendor, please specify below: (attach additional sheet if needed)
 Since 2016, Tarian has partnered with H-JAIA and currently provides 175+ security personnel who deliver approximately 7,000 hours per week of security services. Responsibilities include access control, vehicle inspections, foot and vehicle patrols, and internal and external employee screening.

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
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Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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*****THE SECTION BELOW IS FOR COUNTY USE ONLY*****

Verified via: <input type="checkbox"/> X Email <input type="checkbox"/> Verbal	Verified by: Cesar Rossy	Division: Security
		Date: 12/17/2025



Contracts Central

Broward County Purchasing Division

Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wildcards Are Permitted (ie. wa*, *wa*,wa*inc)

Tarian Security Services, LLC

Search

Reset

Finish

No Vendors Found For Your Search. Try Again

Past Performance

Vendor Reference Verification Form #1 - Travelport

Description & Scope of Work:
Facility Security and Access Control / Secure the Atlanta campus with CCTV monitoring, electronic door control and access and ID validation.

Period of Performance: 2001 - Current

Place of Performance: 300 Galleria Pkwy SE, Ste. 400, Atlanta, GA 30339

Average # Employees on Contract Per Year: 8

BROWARD COUNTY FLORIDA				
VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)				
Solicitation No. & Title: Click or tap here to enter text.				
Reference For (hereinafter, "Vendor"):	Unifi Security, LLC.			
Reference Date:	11/5/2025			
Organization/Firm Providing Reference:	Travelport			
Contact Name:	Tim Cooper			
Contact Title:	Director – Data Center Facility and Hardware Support			
Contact Email:	Tim.Cooper@travelport.com			
Contact Phone:	404-322-3737			
Name of Referenced Project:	Data Center Security Services			
Contract Number:	n/a			
Date Range of Services Provided:	Start Date:	End Date:		
Project Amount:	Click or tap here to enter text.			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Security services provided by Unifi have met or exceeded our expectations – "Travelport is providing this response as a courtesy only; no endorsement or otherwise is provided via this response. Travelport disclaims any and all liability arising out of any decisions made as a result of any information in this response."				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Security monitoring and administration services				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<small>All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.</small>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via:	<input checked="" type="checkbox"/> Email	Verified by:	Cesar Rossy	Division: Security
	<input type="checkbox"/> Verbal			Date: 12/17/2025
<small>Vendor Reference Verification Form – RFP/RLI/RFQ Form Date 4/1/25</small>				

Past Performance

Vendor Reference Verification Form #2 - Delta Air Lines Corporate Security

BROWARD COUNTY FLORIDA				
VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)				
Solicitation No. & Title: BLD2129654P1, Security Guard Services for FLL and North Perry Airports				
Reference For (hereinafter, "Vendor"):	Unifi Security, LLC.			
Reference Date:	12/2/2025			
Organization/Firm Providing Reference:	Delta Airlines Corporate Security			
Contact Name:	Christian Terry			
Contact Title:	Director of Intelligence, Risk Mitigation, and Revenue Protection			
Contact Email:	Christian.terry@delta.com			
Contact Phone:	404-677-9910			
Name of Referenced Project:	Campus Security			
Contract Number:	Click or tap here to enter text.			
Date Range of Services Provided:	Start Date: 2016	End Date: Present		
Project Amount:	12,072,740			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Click or tap here to enter text.				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Securing the Delta Airlines World Headquarters in Atlanta, GA				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<small>All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.</small>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via:	<input checked="" type="checkbox"/> Email	Verified by:	Cesar Rossy	Division: Security
	<input type="checkbox"/> Verbal			Date: 12/17/2025
<small>Vendor Reference Verification Form – RFP/RLI/RFQ Form Date 4/1/25</small>				



Contracts Central

Broward County Purchasing Division

Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wilcards Are Permitted (ie. wa*, *wa*, wa*inc)

Unifi Security, LLC

Search

Reset

Finish

No Vendors Found For Your Search. Try Again



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: BLD2129654P1 Security Guard Services for FLL and Perry Airports				
Reference For (hereinafter, "Vendor"):	ALLIED UNIVERSAL SECURITY SERVICES			
Reference Date:	10/07/2025			
Organization/Firm Providing Reference:	Port of Palm Beach			
Contact Name:	Rick Placeres			
Contact Title:	Director of Operations & Security			
Contact Email:	rplaceres@portofpalmbeach.com			
Contact Phone:	561-762-2504			
Name of Referenced Project:	Cruise Operation Contract Security Provider			
Contract Number:	Port of Palm Beach District Security Guard Services No. 2025-03			
Date Range of Services Provided:	Start Date: 07/15/2025	End Date: N/A		
Project Amount:	\$1,107,148.07			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed) Click or tap here to enter text.				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) Port of Palm Beach District Security Guard Services No. 2025-03				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Cesar Rossy	Division: Security		
		Date: 12/12/2025		



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: Click or tap here to enter text.				
Reference For (hereinafter, "Vendor"):	ALLIED UNIVERSAL SECURITY SERVICES			
Reference Date:	10/07/2025			
Organization/Firm Providing Reference:	PRATT & WHITNEY			
Contact Name:	JOHN SAMMARCO			
Contact Title:	ASSOCIATE DIRECTOR OF SECURITY			
Contact Email:	John.Sammarco2@prattwhitney.com			
Contact Phone:	561-796-7362			
Name of Referenced Project:	WEST PALM BEACH CAMPUS			
Contract Number:	N/A			
Date Range of Services Provided:	Start Date: 09/2019	End Date: N/A		
Project Amount:	\$4,000,000			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed) Click or tap here to enter text.				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) Armed and Unarmed Security Guard Services				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Cesar Rossy	Division: Security		
		Date: 12/17/2025		



Contracts Central

Broward County Purchasing Division

Prime Vendor Dashboard - ALLIED UNIVERSAL SECURITY SERVICES

VC0000111190 / VC00111190 - ALLIED UNIVERSAL SECURITY SERVICES Prime Vendor Summary

3 OE: Open Thres: PS: **\$71,122,105.16** Used: **\$40,977,543.21** Remain: **\$30,144,561.95**

2 OE: Expired

Thres: Adv: **\$23,048,851.96** PS: **\$69,327,336.16** Total: **\$92,376,188.12** Used: **\$80,691,131.59** Remain: **\$11,685,056.53**

5 OE: Total: Thres: **\$163,498,293.28** Used: **\$121,668,674.80** Remain: **\$41,829,618.48**

No Fixed Contracts

2 Final/Completed/Renewal Eval Have Been Completed (5 Yrs) For A Overall Average Of: 4.69

From Beginning Of Advantage: First PO Issued Date: **02/01/2011**

Purchase Orders: **435 POs With A Total Amt Of: \$121,670,914.80 Paid To Dt: (\$119,475,941.31) Balance: \$2,194,973.49**

[Contracts](#) [Purchase Orders](#) [Sub Vendors](#) [Documents](#) [Finish](#)

Vendor Performance Evaluations

[5yr Final/Complete/Renew \(2\) Avg: 4.69](#) [Periodic \(19\) Avg: 4.11](#)