

WORK EXPERIENCE FORM

CUSTOMER CONTACT

Name of Company: _____

Address: _____

City: _____

State: _____

Zip: _____

Name of Contact Person: _____

Phone: _____

Email: _____

TERM OF CONTRACT

From: _____ mm/dd/yyyy

*To: _____ mm/dd/yyyy

**LAWA will fill in the CSPLA expiration date if no date is entered.*

TYPE OF SERVICE(S) PROVIDED (select all that apply)

- Passenger Services
 - Wheelchair*
 - Baggage Sorting and Management*
- Ramp Services
 - Baggage Handling*
 - Aircraft Cooling/Heating*
 - Aircraft Loading/Unloading*
- Cargo Services
 - Freight Handlers*
 - Passenger Aircraft*
- Aeronautical Maintenance Services
- Into-Plane Fueling Services
- Interior Aircraft Cleaning Services
- Security Services
- Terminal Services
- Other

Please describe: _____