

<b>REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)</b>		THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES 1   11	
1. REQUEST NO. N00173-12-Q-0158	2. DATE ISSUED 4/26/12	3. REQUISITION/PURCHASE REQUEST NO. 61-0821-12	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING	
5a. ISSUED BY Supply Officer (Code 3410) NRL Washington DC 20375-5329			6. DELIVER BY (Date) 6/10/12		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)					
NAME Diltricia Montgomery		TELEPHONE NUMBER AREA CODE: 202 NUMBER: 767-0022		7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
8. TO:			9. DESTINATION		
a. NAME All Quoters	b. COMPANY		a. NAME OF CONSIGNEE NRL Key West Bldg F14		
c. STREET ADDRESS			b. STREET ADDRESS Fleming Key Trumbo Point		
d. CITY Key West			c. CITY Key West		
d. CITY		e. STATE	f. ZIP CODE	d. STATE FL	e. ZIP CODE 33040
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 5/10/12		IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.			

**11. SCHEDULE (Include applicable Federal, State and local taxes)**

ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	See attached continuation sheet				

12. DISCOUNT FOR PROMPT PAYMENT <input type="checkbox"/>	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
				NUMBER	PERCENTAGE

NOTE: Additional provisions and representations  are  are not attached.

13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER			16. SIGNER		
b. STREET ADDRESS					a. NAME (Type or print)
c. COUNTY					AREA CODE
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)		NUMBER

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101		CONTINUATION SHEET		REF. NO. OF DOC. BEING CONT'D		PAGE OF	
				N00173-12-Q-0158		2 11	
NAME OF OFFEROR CONTRACTOR							
ALL QUOTERS							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
0001	<p>Prepare and coat panels in accordance with Statement of Work attached "DFS Test Plates SOW" Section Part 1. All materials to be supplied, applicator to be Certified by NRL Code 6135 for application of materials. All material to be applied IAW specified work item. Final acceptance will be performed by NRL QA inspector.</p> <p>Part No. PART 1</p>	1	ea				
0002	<p>Prepare and coat panels in accordance with Statement of Work attached "DFS Test Plates SOW: Section Part 2. All material to be supplied, Applicator to be Certified by NRL Code 6136 for application of materials. All material to be applied IAW specified Work Item. Final acceptance will be performed by NRL QA Inspector.</p> <p>Part No. PART 2</p> <p>See attached Statement of Work and Departure from Specification Laboratory Testing Plan</p> <p>If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number (202) 767-6678.</p> <p>Any questions concerning this Request for Quotation (RFQ) must be emailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of the RFQ.</p>	1	ea				