

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFO <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES 1
1. REQUEST NO. N00173-04-Q-0133	2. DATE ISSUED 29 JUL 04	3. REQUISITION/PURCHASE REQUEST NO. 68-8051-04	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING DO-c9E
5a. ISSUED BY Supply Officer, Code 3410.1 Washington DC 20375-5329			6. DELIVER BY (Date)	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)				
NAME Katherine Hunter		TELEPHONE NUMBER AREA CODE NUMBER 202 767-2820		7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
8. TO:			9. DESTINATION	
a. NAME All Bidders	b. COMPANY		a. NAME OF CONSIGNEE Naval Research Lab	
c. STREET ADDRESS			b. STREET ADDRESS 4555 OVERLOOK AV SW Bldg 49	
d. CITY			c. CITY WASHINGTON	
e. STATE		f. ZIP CODE	d. STATE DC	e. ZIP CODE 20375-5329
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 10 AUG 04		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 services. Supplies are of domestic origin unless otherwise indicated by quote. Any representations and/or certifications attached to this Request for Quotation must be completed by the quote.		

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

ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
0001	Chlorine Exhaust Abatement Tool Mandatory Minimum requirements: 1-98% efficient 2- Wet treatment approach only 3- Explosive proof and/or surrounded by a safety containment system 4- extended warranty- 24 months from date of delivery See attached additional operational and safety requirements	1	ea		

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. TELEPHONE	
b. STREET ADDRESS					AREA CODE	
c. COUNTY			a. NAME (Type or print)		NUMBER	
d. CITY		e. STATE	f. ZIP CODE	c. TITLE (Type or print)		

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

PAGES

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<p>If there are any questions, they must be submitted in writing five (5) days prior to the closing date shown in Block 10 of page 1 of this RFQ to: SolQnA@condor.nrl.navy.mil</p> <p>You must submit your bid on the SF-18 and if you are quoting other than FOB Destination, indicate the Point of Shipping and the estimated Cost on your bid.</p> <p>If possible include a copy of your company's Published Price List or cost breakdown.</p> <p>You must submit your bid on the SF-18 form, complete the Certs and Reqs package and return both to K Hunter, fax 202-767-2992.</p>				