

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>				PAGE OF PAGES 1 2	
1. REQUEST NO. RQ696733	2. DATE ISSUED 6/14/2010	3. REQUEST/PURCHASE REQUEST NO.	4. COMMODITY GROUP AND CLASS 998-42-00	RATING	
5A. ISSUED BY Office of Contracting & Procurement 441 4 th St. NW 700S Washington DC 20001			6. DELIVER BY <i>(Date)</i> June 30, 2010		
5B. FOR INFORMATION CALL: <i>(Name and telephone no.) (No collect calls)</i> Eun-Kyung Choi, Contract Specialist Office (202) 724-5247 Fax (202) 727-8843; eun-kyung.choi@dc.gov			7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule)</i>		
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE To All Prospective Offerors			9. DESTINATION <i>(Consignee and address, including ZIP code)</i> Fire and Emergency Medical Services 3170 V St. N.E., Washington, DC 20018		
8a. Vendor Tax ID #					
10. PLEASE FURNISH QUOTATIONS TO ISSUING OFFICE ON OR BEFORE 02:00PM <i>(Date)</i> June 16, 2010		11. BUSINESS CLASSIFICATION <i>(Check appropriate boxes)</i> <input type="checkbox"/> SMALL <input type="checkbox"/> LOCAL <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> RESIDENT-OWNED			
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. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contracts for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.					
12. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
0001	DragerSorb 400, Soda Lime 40 lb Keg Part Number: 6737985	5	Each	\$ _____	\$ _____
0002	Filtermats (50pc. Package) Part Number: 4058167	1	Each	\$ _____	\$ _____
0003	PSS BG-4 Sentinal Upgrade Kit Part Number: R34259	15	Each	\$ _____	\$ _____
0004	PSS BG-4 Harness System Part Number: R34255	15	Each	\$ _____	\$ _____
0005	BG-4 LW Carbon Fiber Cylinder w/valve and gauge to 3000 PSI USA Part Number: B30229	15	Each	\$ _____	\$ _____
0006	Translucent Reusable Canister Part Number: R34367	15	Each	\$ _____	\$ _____
0007	BG-4 Reducer Overhaul Part Number: 4051274	15	Each	\$ _____	\$ _____
				Total	\$ _____
13. DISCOUNT FOR PROMPT PAYMENT		10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %

14. NAME AND ADDRESS OF QUOTER (<i>Street, city, county, State and ZIP Code</i>) Government Tax ID number	14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	16. DATE OF QUOTATION
	17. NAME AND TITLE OF SIGNER (<i>Type or print</i>)	18. TELEPHONE NO. (<i>Include area code</i>)