

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>		The Notice of Small Business Purchase Set-Aside on the reverse of this form <input type="checkbox"/> is <input checked="" type="checkbox"/> is not applicable.			PAGE OF PAGES 1 1	
1. REQUEST NO. RQ 505332	2. DATE ISSUED 12/16/08	3. REQUEST/PURCHASE REQUEST NO.	4. COMMODITY GROUP AND CLASS	RATING		
5A. ISSUED BY Office of Contracting & Procurement 441 4th St. NW 700S Washington DC 20001			6. DELIVER BY <i>(Date)</i>			
5B. FOR INFORMATION CALL: <i>(Name and telephone no.) (No collect calls)</i> Antwanette Murphy, Contract Specialist Phone (202) 724-5267 Fax (202) 727-0245			7. DELIVERY FOB DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule)</i>			
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE ALL PROSPECTIVE OFFERORS			9. DESTINATION <i>(Consignee and address, including ZIP code)</i> Metropolitan Police Department Jeffrey Herold SOD -2301 L Street NW Washington, DC 20037 (202) 724-9714			
8a. Vendor Tax ID # 8b. Dun and Bradstreet#						
10. PLEASE FURNISH QUOTATIONS TO ISSUING OFFICE ON OR BEFORE: December 19, 2008 by 3 PM		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. <i>(a)</i>	SUPPLIES/SERVICES <i>(b)</i>	QUANTITY <i>(c)</i>	UNIT <i>(d)</i>	UNIT PRICE <i>(e)</i>	AMOUNT <i>(f)</i>	
	"Helmet Pro"-Riot Helmet w/removable Face Shield, Black. DOT Approved	400	Each	\$ _____	\$ _____	
	"Helmet Pro"-Riot Helmet w/removable Face Shield, Black-DOT approved- JUMBO SIZE	100	Each	\$ _____	\$ _____	
	No Bid: If your company is not interested in bidding on the RFQ, please fax the attached form back to my attention to (202) 727-0245.			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>	