

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 2	
1. REQUEST NO. DCFB-2009-Q-6760	2. DATE ISSUED 11/14/2008	3. REQUEST/PURCHASE REQUEST NO. RQ486760	4. COMMODITY GROUP AND CLASS	RATING	
5A. ISSUED BY Office of Contracting & Procurement 441 4 th St. NW 700S Washington DC 20001			6. DELIVER BY <i>(Date)</i> January 15, 2009		
5B. FOR INFORMATION CALL: <i>(Name and telephone no.) (No collect calls)</i> Carla Roane, Contract Specialist Office (202) 724-4019 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> Fire and Emergency Medical Services Engine-4 Medic-4 Air Unit 1- Safety Officer 2531 Sherman Avenue N.W. Washington, D.C. 20001		
8a. Vendor Tax ID # 8b. Dun and Bradstreet#		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			
10. PLEASE FURNISH QUOTATIONS TO ISSUING OFFICE ON OR BEFORE 2:00 PM (Date) November 20, 2008		11. BUSINESS CLASSIFICATION <i>(Check appropriate boxes)</i>			
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	4500 PSIG 60 minute cylinders and valve assembly that will accommodate a Scott Air Pak Fifty. The cylinder will be made of Carbon and will include the typical all white band with Black letters printed on the band "DCFD". It must be an approved component or accessory to the respirator as per the National Institute of Safety and Health (NIOSH) approval matrix. Cylinder must be purchased from a Scott authorized distributor and be able to maintain the NIOSH approval of the entire Scott, Air Pak Fifty when used with the breathing apparatus.	106	Each	\$ _____	\$ _____
	Shipping Charges (if any)	1	Each	\$ _____	\$ _____
				Total	\$ _____
<p>Note: The District Government requires all vendors to have an approved contract or purchase order in place prior to providing goods or services. Entering into contracts verbally or without appropriate authorization is prohibited. Any vendor who delivers services or goods to the District without a proper contract is doing so entirely at their own risk. The District does not pay for goods or services that were provided without the benefit of a properly executed contract.</p>					

	No Bid: If your company is not interested in bidding on the RFQ, please fax the attached form back to my attention on (202) 727-0245.						
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>)		