REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ ☐ IS ☒ IS NOT A SMALL BUSINESS SET-ASIDE

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1. REQUEST NUMBER	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NUMBER	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
W50S9F26Q0007	06/27/2026	F7P3CE6096A001		

5a. ISSUED BY
W7N8 USPFO Activity 115, KO For WIANG, 3110 Mitchell St, Bldg 500, Madison WI, 53704

6. DELIVER BY *(Date)*

5b. FOR INFORMATION CALL *(NO COLLECT CALLS)*

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
Lt Col Dave Mattila	608	245-4788

7. DELIVERY
☒ FOB DESTINATION ☐ OTHER *(See Schedule)*

9. DESTINATION
a. NAME OF CONSIGNEE
CMSgt Jason Merrell

8. TO:

a. NAME	b. COMPANY

b. STREET ADDRESS
3110 Mitchell Street, Bldg 1210

c. STREET ADDRESS

c. CITY
Madison

d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE
			WI	53704

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS *(Date)*

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 NUMBER (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	BAK-14 HSRO Upgrade Barrier Support Arm	14	EA	0.00	$0.00
2 (Option)	BAK-14 HSRO Upgrade Barrier Support Arm	14	EA	0.00	$0.00
3 (Option)	BAK-14 HSRO Upgrade Barrier Support Arm	14	EA	0.00	$0.00
4 (Option)	BAK-14 HSRO Upgrade Barrier Support Arm	6	EA	0.00	$0.00

12. DISCOUNT FOR PROMPT PAYMENT	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
a. NAME OF QUOTER
b. STREET ADDRESS
c. COUNTY
d. CITY | e. STATE | f. ZIP CODE

14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION

15. DATE OF QUOTATION

16. SIGNER
a. NAME *(Type or print)*
b. TELEPHONE
AREA CODE
c. TITLE *(Type or print)*
NUMBER