REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ [X] 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
20270PR260001607	03/07/2023	20270PR260001607		

5a. ISSUED BY	6. DELIVER BY *(Date)*
USCG BASE KODIAK	

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

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
MARTHA L. SAMANIEGO	(571)	607-5693

7. DELIVERY
[X] FOB DESTINATION [ ] OTHER *(See Schedule)*

9. DESTINATION
a. NAME OF CONSIGNEE
USCG AIRSTATION KODIAK

8. TO:

a. NAME	b. COMPANY	b. STREET ADDRESS
PROSPECTIVE QUOTE	US COAST GUARD	HANGAR 2 BUILDING 20

c. STREET ADDRESS	c. CITY
PO BOX 195018	KODIAK

d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE
KODIAK	AK	99619	AK	99619

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS *(Date)*
07/20/2026

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	BRAND NAME, EXACT ITEM ONLY David Clark DC ONE-XM (non-Bluetooth w/noise cancellation) HEADSET PART NO: 43102G-11	30	EA		$0.00
	SHIP TO ADDRESS: USCG AIRSTATION KODIAK HANGAR 2 BUILDING 20 KODIAK, AK 99619				
	PLEASE EMAIL ALL QUOTES TO: Martha.L.Samaniego@uscg.mil				

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER	d. CALENDAR DAYS 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		
b. STREET ADDRESS	16. SIGNER	
	a. NAME *(Type or print)*	b. TELEPHONE AREA CODE
c. COUNTY		
d. CITY / e. STATE / f. ZIP CODE	c. TITLE *(Type or print)*	NUMBER

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