REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ [X] IS [ ] IS NOT A SMALL BUSINESS SET-ASIDE

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
140P1526Q0103	06/03/2026	0044049661		

5a. ISSUED BY NPS, IMR - Arizona MABO
1824 S Thompson St, Ste 200
Flagstaff AZ 86001-2694

6. DELIVER BY *(Date)*: 09/30/2026

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

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

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
Donald Tremble	720	450-1198

9. DESTINATION

a. NAME OF CONSIGNEE: NPS, Petrified Forest NP

b. STREET ADDRESS: #1 Park Rd.

c. CITY: Petrified Forest NP

d. STATE: AZ

e. ZIP CODE: 86028

8. TO:

a. NAME

b. COMPANY

c. STREET ADDRESS

d. CITY

e. STATE

f. ZIP CODE

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS *(Date)*: 07/07/2026 1700 MD

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)
00010	PEFO - Clean Water Tanks at Painted Desert and Rainbow Forest - See attached SOW. Stan Belinte will be COR. stan_belinte@nps.gov Requestor: James A. Brown 928-297-8492 james_a_brown@nps.gov Period of Performance: 07/14/2026 to 09/30/2026 Clean Water Tanks at PD and RF Product/Service Code: Z1PD Product/Service Description: MAINTENANCE OF WASTE TREATMENT AND STORAGE FACILITIES Delivery: 09/30/2026				

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 NUMBER

c. TITLE *(Type or print)*