

1. REQUEST NO. <b>BBG45-Q-12-00596</b>	2. DATE ISSUED <b>8/24/2012</b>	3. REQUISITION/PURCHASE REQUEST NO. <b>1088-12-FQ-00596</b>	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
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5a. ISSUED BY <b>Mary Ann Amps</b>	6. DELIVER BY (Date) <b>09/22/2012</b>
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5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY
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NAME	TELEPHONE NUMBER	<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
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Mary Ann Amps, email: <a href="mailto:mamps@ocb.ibb.gov">mamps@ocb.ibb.gov</a>	AREA CODE: <b>305</b> NUMBER: <b>437-7031</b>	9. DESTINATION
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8. TO:		a. NAME OF CONSIGNEE
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a. NAME	b. COMPANY	b. STREET ADDRESS
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c. STREET ADDRESS		c. CITY
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d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE
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10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) <b>9/2/2012</b>	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.
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**11. SCHEDULE (Include applicable Federal, State and local taxes)**

ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	Fujinon HAs 18x7.6BZD Full Servo ENG Lens w/16 bit encoder (See the attached specifications)  Item required is brand name or equal in order to satisfy Agency's broadcasting needs and maintain compatibility with existing broadcasting equipment currently in use.  If applicable, provide GSA FSS Schedule contract number for item 1.  All responsible sources may submit a response which, if timely received, will be considered by the agency.	3	ea		

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			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER			16. SIGNER		
b. STREET ADDRESS					
c. COUNTY			a. NAME (Type or print)		b. TELEPHONE
d. CITY			c. TITLE (Type or print)		AREA CODE
e. STATE		f. ZIP CODE			NUMBER

## SPECIFICATIONS FOR LINE ITEM 1 – CAMERA LENS

<b>Camera Format</b>	2/3"
<b>Focal Length</b>	7.6 - 137 mm
<b>Zoom Range</b>	18 ×
<b>Maximum Relative Aperture</b>	1 : 1.8 (7.6 - 105 mm) 1 : 2.4 (137 mm)
<b>M.O.D. from the Image Plane</b>	0.84 m
<b>M.O.D. from the Front of Lens</b>	0.6 m
<b>Object dimensions at M.O.D. 16 : 9 Aspect ratio</b>	7.6 mm 738 × 415 mm 137 mm 41 × 23 mm
<b>Angular field of view 16 : 9 Aspect ratio</b>	7.6 mm 64°30' × 39°03' 137 mm 4°01' × 2°15'
<b>Filter thread</b>	M82 × 0.75
<b>Diameter × Length</b>	85 × 204 mm
<b>Weight (Lens hood excluded)</b>	1.33 kg
<b>Features</b>	<ul style="list-style-type: none"><li>• Inner focus</li><li>• Quick zoom</li><li>• Zoom limit</li><li>• 16 Bit Encoder</li></ul>