

ORDER FOR SUPPLIES OR SERVICES

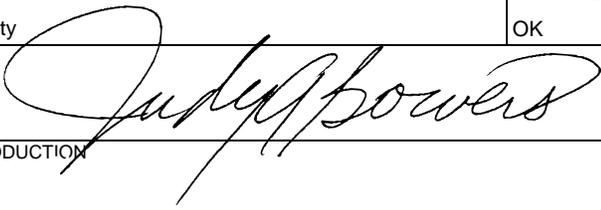
IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 06/17/2009		2. CONTRACT NO. (If any) GS-07F-0066H		6. SHIP TO: Howard Weiner		
3. ORDER NO. DTMA1F09099		4. REQUISITION/REFERENCE NO. PRMMA090060		a. NAME OF CONSIGNEE U.S. MERCHANT MARINE ACADEMY		
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, MAR-380 1200 New Jersey Ave SE, MAR380 W26-429 Washington DC 20590				b. STREET ADDRESS Department of Information Technology (DOIT)		
7. TO: a. NAME OF CONTRACTOR		f. SHIP VIA		c. CITY Kings Point		d. STATE NY
b. COMPANY NAME BRP US INC		f. ZIP CODE 53177-1757		e. ZIP CODE 11024-1699		
c. STREET ADDRESS 10101 Science Dr		8. TYPE OF ORDER <input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.		b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.		
d. CITY Sturtevant		e. STATE WI		10. REQUISITIONING OFFICE U.S. MERCHANT MARINE ACADEMY		
9. ACCOUNTING AND APPROPRIATION DATA 7009 - - 1750MA - 200911N - - P000 - - 10000051 - 0400 - - 26960 - - 6100 - 6600 - -				11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input checked="" type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS		
13. PLACE OF a. INSPECTION		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 07/17/2009		12. F.O.B. POINT Destination
b. ACCEPTANCE		16. DISCOUNT TERMS				

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
SEE LINE ITEM DETAIL						

18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOT. (Cont. pages)
21. MAIL INVOICE TO: Christy Remington						
a. NAME DOT/ Enterprise Services Center (ESC) OFO/FAA, Oklahoma City						
b. STREET ADDRESS (or P.O. Box) MARAD A/P Branch, AMZ-150 PO Box 25710						
c. CITY Oklahoma City		d. STATE OK		e. ZIP CODE 73125		17(i) GRAND TOTAL \$24,255.00

22. UNITED STATES OF AMERICA BY (Signature) 		23. NAME (Typed) Judy A. Bowers TITLE: CONTRACTING/ORDERING OFFICER	
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