SOLICITATION CONTRACT

Paperwork Reduction Act Public Burden Statement:

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0595. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524.

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OMB Control No. 2120-0595 PAGE OF PAGES SOLICITATION/CONTRACT OFFEROR TO COMPLETE BLOCKS 11,13,15,21,22,&27. 1. CONTRACT NO. 2. AWARD/EFFECTIVE DATE 3. SOLICITATION NO. 4. SOLICITATION ISSUE DATE 5. ISSUED BY 6. THIS ACQUISITION IS LABOR SURPLUS AREA CONCERNS UNRESTRICTED COMBINED SMALL BUSINESS & SET ASIDE % FOR LABOR SURPLUS AREA CONCERNS SMALL BUSINESS OTHER NO COLLECT CALLS SIC SIZE STANDARD 7. AGENCY USE 8. ITEMS TO BE PURCHASED (BRIEF DESCRIPTION) **SUPPLIES** SERVICES 10. ADMINISTERED BY 9. IF OFFER IS ACCEPTED BY THE GOVERNMENT WITHIN CALENDAR DAYS (60 CALENDAR DAYS UNLESS OFFEROR INSERTS A DIFFERENT PERIOD) FROM THE DATE SET FORTH IN BLK 7 ABOVE. THE CONTRACTOR AGREES TO HOLD ITS OFFERED PRICES FIRM FOR THE ITEMS SOLICITED HERE AND TO ACCEPT ANY RESULTING CONTRACT SUBJECT TO THE TERMS AND CONDITIONS STATED HEREIN. 11. CONTRACTOR OFFEROR 12. PAYMENT WILL BE MADE BY TELEPHONE NO. DUNS NO. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK: CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER 13. PROMPT PAY DISCOUNT 14 15. 16. 17 18. 19 ITEM NO SCHEUDLE OF SUPPLIES/SERVICES UNIT QUANTITY UNIT PRICE **AMOUNT** 20. ACCOUNTING AND APPROPRIATION DATA 21. TOTAL AWARD AMOUNT (FOR GOV'T. USE ONLY)

22. AWARD OF CONTRACT: YOUR OFFER ON CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO SOLICITATION NUMBER SHOWN IN BLOCK 3 ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE OR OTHERWISE IDENTIFIED ABOVE ON ANY CONTINUATION SHEETS SUBJECT TO THE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS. TERMS AND CONDITIONS SPECIFIED HEREIN. 24. SIGNATURE OF OFFEROR/CONTRACTOR 25. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) NAME AND TITLE OF SIGNER (TYPE OR PRINT) DATE SIGNED NAME OF CONTRACTING OFFICER DATE SIGNED Page 1 of 2 FAA 4400-83 (01/23)

| NO RESPONSE FOR REASONS CHECKED | | | |
|---------------------------------|--|------------------|---|
| | CANNOT COMPLY WITH SPECIFICATIONS | | CANNOT MEET DELIVERY REQUIREMENT |
| | UNABLE TO IDENTIFY THE ITEMS(s) | | DO NOT REGULARLY MANUFACTURE OR SELL THE TYPE OF ITEMS INVOLVED |
| | OTHER (SPECIFY) | | |
| | WE DO WE DO NOT, DESIRE TO E THE TYPE OF ITEM(S) INV | BE RETA OLVED | AINED ON THE MAILING LIST FOR FUTURE PROCUREMENT OF |
| NAMI | E AND ADDRESS OF FIRM (Include Zip Code) | | SIGNATURE |
| | | | TYPE OR PRINT NAME AND TITLE OF SIGNER |
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