

## COMPANY SELF CERTIFICATION LETTER

I \_\_\_\_\_ (*Insert company official name*), do certify that  
\_\_\_\_\_ (*insert company official name*) is able to meet all of the following requirements in  
accordance with this Unison Bid # \_\_\_\_\_.

1. The AN/SPN-46 Power Supply Assembly (PSA) proposed meets the technical specifications in Attachment 1 – Company Self Certification Letter.

2. My offer complies with the following delivery schedule:

- CLIN 0001: Engineering Development Models (2 each) to include Non-Recurring Engineering – 52 Weeks After Receipt of Order (ARO) – Early delivery acceptable
- CLIN 0002: Contract Data Requirements List (CDRLs) (Not Separately Priced (NSP)) - In accordance with the applicable CDRL, DD Form 1423, Exhibit A
- CLIN 0101: PSA (Production Year 1) (Maximum 18 each) – 6 months After Receipt of Order (ARO), provided that release for production has been authorized - Early delivery acceptable
- CLIN 0102: CDRLs (NSP) – In accordance with applicable CDRL, DD Form 1423, Exhibit A
- CLIN 0201: PSA (Production Year 2) (Maximum 18 each) – 6 months ARO, provided that release for production has been authorized - Early delivery acceptable
- CLIN 0202: CDRLs (NSP) – In accordance with applicable CDRL, DD Form 1423, Exhibit A
- CLIN 0301: PSA (Production Year 3) (Maximum 18 each) – 6 months ARO, provided that release for production has been authorized - Early delivery acceptable
- CLIN 0302: CDRLs (NSP) – In accordance with applicable CDRL, DD Form 1423, Exhibit A
- CLIN 0401: PSA (Production Year 4) (Maximum 18 each) – 6 months ARO, provided that release for production has been authorized - Early delivery acceptable
- CLIN 0402: CDRLs (NSP) – In accordance with applicable CDRL, DD Form 1423, Exhibit A

- CLIN 0501: PSA (Production Year 5) (Maximum 18 each) – 6 months ARO, provided that release for production has been authorized - Early delivery acceptable
- CLIN 0502: CDRLs (NSP) – In accordance with applicable CDRL, DD Form 1423, Exhibit A

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*Company's Authorized Representative (Name & Title)*

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*Authorized Representative Signature & Date*