



Thank you for contacting the Technical Industrial Liaison Office (TILO). Please complete and send the form below via email to: [USARMY.APG.peo-c3t.mbx.sfae-c3t-tilo@mail.mil](mailto:USARMY.APG.peo-c3t.mbx.sfae-c3t-tilo@mail.mil). You may also include any briefings, documentation or handling instructions that you deem to be relevant. Please note that there's a 12 MB size restriction placed on all incoming e-mails. TILO recommends converting any files that exceed this limit to PDF or breaking them down so they may be sent in separate emails.

For more information about the Technical Industrial Liaison Office, please visit our website: <http://peoc3t.army.mil/tilo/> or contact us directly at 443.395.8274.

Note- an asterisk (\*) denotes a required field that must be filled out.

SECTION 1: SUBMITTER INFORMATION	
*Date Submitted: <input type="text"/>	*Work Phone: <input type="text"/>
*Submitters Name: <input type="text"/>	*Mobile Phone: <input type="text"/>
*Salutation: <input type="text"/>	*e-mail Address (1): <input type="text"/>
*Company: <input type="text"/>	e-mail Address (2): <input type="text"/>
Department: <input type="text"/>	Fax #: <input type="text"/>
*Job Title: <input type="text"/>	

SECTION 2: COMPANY INFORMATION	
<b>Your Company</b>	
*Name of Company: <input type="text"/>	*Address Line 1: <input type="text"/>
Department: <input type="text"/>	Address Line 2: <input type="text"/>
*Web Site Address: <input type="text"/>	*City: <input type="text"/>
*Company Information #: <input type="text"/>	*State/ Province:    *Zip Code: <input type="text"/>
Fax #: <input type="text"/>	*Country: <input type="text"/>

<b>Company You Represent</b>	
<i>Please fill this section out if you are a representing a Company other than your own.</i>	
Name of Company: <input type="text"/>	Address Line 1: <input type="text"/>
Department: <input type="text"/>	Address Line 2: <input type="text"/>



Web Site Address:

General Information #:

Fax #:

City:

State/ Province:      Zip Code:

Country:

**SECTION 3: POINT OF CONTACT (If other than submitter)**

POC Name:

Salutation:

Company:

Department:

Job Title:

Work Phone:

Mobile Phone:

e-mail Address (1):

e-mail Address (2):

Fax #:

**SECTION 4: PRODUCT OR SERVICE**

• Company Classification<sup>1</sup>  
(see footnote)

- 8(a)
- HBCU/MI
- HUBZone
- SB
- Other

- SDB
- SD- VOSB
- VOSB
- WOSB

\*What Market(s) does your Company serve?

\*Describe your products and services.

<sup>1</sup> [http://www.acq.osd.mil/osbp/doing\\_business/Government%20Contracting%20052006.pdf](http://www.acq.osd.mil/osbp/doing_business/Government%20Contracting%20052006.pdf)



\*Have you sold a product or service to PEOC3T before?

- No
- Yes

\*If yes, please describe the product or service that was provided, your POC, and the date that you provided it.

\*Do you have an existing contract vehicle that can be leveraged?

- No
- Yes

\*If yes, provide the name and type of contract vehicle.

Which element(s) of PEOC3T are you targeting?

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> HQ                | <input type="checkbox"/> PD TNI    |
| <input type="checkbox"/> PdM NS            | <input type="checkbox"/> PM MEP    |
| <input type="checkbox"/> SPO/NRRC          | <input type="checkbox"/> PM WIN-T  |
| <input type="checkbox"/> C5ISR             | <input type="checkbox"/> PM FBCB2  |
| <input type="checkbox"/> PD TNI            | <input type="checkbox"/> PD COMSEC |
| <input type="checkbox"/> MilTech Solutions | <input type="checkbox"/> PM MC     |

Notes/Comments:

Is there any additional information that you would like to provide?