

Quotation Information Worksheet

This worksheet is designed to help us provide you with an accurate quotation for a technical surveillance countermeasures (TSCM) survey of your facility. In addition, **MICROSEARCH** TSCM specialists will use the information to begin formulating the survey plan. Please keep this document confidential, and do not discuss TSCM services in suspected areas. You can complete the form on line, or download and fill out off line. If completed off line please email to rick@microsearchllc.com . If you prefer, the completed worksheet may be faxed to: **MICROSEARCH** 562-493-2785.

Address of inspection - please include floor no(s):

Number of rooms under 400 sq. feet: _____, number of rooms between 400 and 650 sq. feet: _____, number of rooms between 650 and 1,000 sq. feet: _____

Approximate total square footage to be inspected: _____

Are the above described offices/rooms on the same floor? _____

Are the above described offices/rooms in the same building? _____

Brand of telephone system (Nortel, Lucent, etc.): _____

Type of telephone service (T1, POTS, VoIP): _____

Number of telephones (including full speaker phones) to be inspected: _____

Number of direct outside telephone lines (not served by PBX): _____

Number of fax machines to be inspected: _____

Number of telephone closets/rooms: _____ Does your telephone system have its own switch? _____

How often will inspections be conducted: annually___ semiannually___ quarterly___ bimonthly___ monthly___ (Subsequent inspections are discounted)

Please provide any additional information you feel may be of assistance in preparing the survey plan. Experience has shown that instincts play an important role in counterespionage investigations. Feel free to express any concerns, even if you have no concrete evidence to support them. List any vehicles to be inspected.

Quotation requested by -

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Secure phone number: _____ Fax number: _____

Return quote via: Fax ___ Mail ___ Other _____