

Central Contractor Registration Worksheet

You may use this CCR Worksheet to collect the information required to register in CCR and then go to the CCR website at www.ccr.gov to register.

(M) = Mandatory field. Data must be entered for registration to be complete.

General Information

DUNS Number¹ (M): _____ CAGE Code² (M if foreign): _____

Legal Business Name (M): _____

Doing Business As (DBA Name) _____

Tax ID/EIN³ (M If in U.S.): _____

OR Social Security Number: _____

Division Name: _____ Division Number: _____

Corporate Web Page URL (Company website address): _____

Example: <http://www.example.com> or <http://example.com>

Physical Address (M): _____

City (M): _____ State (M): _____

Zip/Postal Code (M): _____ Zip Plus 4 (M) _____ Country (M): _____

Mailing Address (M): Check if same as physical address

Business Name (M): _____

Mailing Address (PO Box is acceptable) (M): _____

City (M): _____ State (M): _____

Zip/Postal Code (M): _____ Zip Plus 4 (M) _____ Country (M): _____

Business Start Date (M) (mm/dd/yyyy): _____ Number of Employees (M): _____

Fiscal Year Close Date (M) (mm/dd): _____ Annual Revenue (M): _____

Corporate Information

Type of Relationship with U.S. Federal Government (M) (Must Check One)

- Contracts
 Grants
 Both (Contracts & Grants)

1. Data Universal Numbering System (DUNS)– Call Dun & Bradstreet at 1-866-705-5711 or 1-610-882-7000 if unsure.
2. Commercial and Government Entity (CAGE) Code. If you are a foreign registrant, you must enter your NCAGE. If you are a U.S. registrant and do not have a CAGE Code, one will be assigned to you.
3. Taxpayer Identification Number (TIN)/Employer Identification Number (EIN). Mandatory if U.S. Registrant unless Sole Proprietor, then SSN is acceptable. Call the IRS at 1-800-829-1040 if unsure. The TIN may be used by the Government to collect and report on any delinquent amounts arising out of the offeror's relationship with the Government (31 U.S.C. 7701 (c) (3)).

Type of Organization (M) (as defined by the IRS – must check one)

- Corporate Entity, Not Tax Exempt
- Corporate Entity, Tax Exempt
- Partnership
- Sole Proprietorship
- U.S. Government Entity (If selected, then choose one subgroup below)
 - Federal Government (If selected, choose all subgroups that apply)
 - Federal Agency
 - Federally Funded Research and Development Corporation
 - State Government
 - Local Government (If selected, choose all subgroups that apply)
 - City
 - County
 - Inter-municipal
 - Local Government Owned
 - Municipality
 - School District
 - Township
- Foreign Government
- International Organization
- Other

Incorporation (M if you selected “corporate entity” as type of organization)

State of Incorporation: _____

Country of Incorporation: _____

Sole Proprietorship Point of Contact (M if you selected “sole proprietorship” as Type of Organization)

Sole Proprietor Name: _____

US Phone: _____ Ext: _____

Non-US Phone: _____ Ext: _____

Fax: _____

E-mail: _____

Business Types: Choose all that apply

Other Governmental Entities:

- Airport Authority
- Council of Governments
- Housing Authorities Public/Tribal
- Interstate Entity
- Planning Commission
- Port Authority
- Transit Authority

Other Business/Organization Factors:

- Foreign Owned and Located
- Limited Liability Company
- S Corporation

Types of Business:

- | | |
|--|--|
| <input type="checkbox"/> Architecture and Engineering (A& E) | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Community Development Corporation | <input type="checkbox"/> JWOD Non-Profit Agency |
| <input type="checkbox"/> Construction Firm | <input type="checkbox"/> Manufacturer of Goods |
| <input type="checkbox"/> Domestic Shelter | <input type="checkbox"/> Nonprofit Organization |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Other Not for Profit Organization |
| <input type="checkbox"/> For Profit Organization | <input type="checkbox"/> Research and Development |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Hispanic Servicing Institution | <input type="checkbox"/> Veterinary Hospital |

Education Entities:

- | | |
|--|---|
| <input type="checkbox"/> 1862 Land Grant College | <input type="checkbox"/> Private University or College |
| <input type="checkbox"/> 1890 Land Grant College | <input type="checkbox"/> School of Forestry |
| <input type="checkbox"/> 1994 Land Grant College | <input type="checkbox"/> State Controlled Inst of Higher Learning |
| <input type="checkbox"/> Historically Black College or University (HBCU) | <input type="checkbox"/> Tribal College (other than 1994) |
| <input type="checkbox"/> Minority Institutions | <input type="checkbox"/> Veterinary College |

Socio-Economic Factors: (if you select "small business" a sub-set of your data will be sent to official certification programs: Small Disadvantaged Business, 8(a), and Hub Zone)

- | | |
|--|---|
| <input type="checkbox"/> Large Business | <input type="checkbox"/> Veteran Owned |
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Service Disabled Veteran Owned |
| <input type="checkbox"/> Minority Owned (must also choose one specific type) | <input type="checkbox"/> Woman Owned |
| <input type="checkbox"/> Subcontinent Asian (Asian-Indian) American Owned | |
| <input type="checkbox"/> Asian-Pacific American Owned | |
| <input type="checkbox"/> Black American Owned | |
| <input type="checkbox"/> Hispanic American Owned | |
| <input type="checkbox"/> Native American Owned | |
| <input type="checkbox"/> No Representation/None of the above | |

Socio-Economic Certifications:

- | | |
|---|--|
| <input type="checkbox"/> SBA Certified Small Disadvantaged Business | <input type="checkbox"/> SBA Certified Hub Zone Business |
| <input type="checkbox"/> SBA Certified 8a Program Participant | <input type="checkbox"/> DoT Certified Disadvantaged Business Enterprise |

Federally Recognized Native American Entities:

- | | |
|--|--|
| <input type="checkbox"/> Alaskan Native Corporation Owned Firm | <input type="checkbox"/> Native Hawaiian Organization Owned Firm |
| <input type="checkbox"/> American Indian Owned | <input type="checkbox"/> Tribal Government |
| <input type="checkbox"/> Indian Tribe (Federally recognized) | <input type="checkbox"/> Tribally Owned Firm |

Other Socio-Economic Categories:

- | | |
|---|--|
| <input type="checkbox"/> Community Developed Corporation Owned Firm | <input type="checkbox"/> Labor Surplus Area Firm |
|---|--|

Party Performing Certification (Small Business Administration) Point of Contact (M if you checked "SBA Certified 8a Program Participant" from the Socio-Economic Certifications above and are a U.S. Business)

Certifiers Name: _____

Street Address Line 1: _____

Street Address Line 2: _____

City: _____ State: _____ Zip: _____ Country: _____

Goods and Services:

NAICS Codes (M) North American Industrial Classification Code to identify what product or service your business provides (6 digit numeric). Search on <http://www.census.gov/epcd/www/naicstab.htm>

NAICS Code: _____ NAICS Code: _____ NAICS Code: _____

NAICS Code: _____ NAICS Code: _____ NAICS Code: _____

SIC Codes (M) Standard Industrial Classification Codes identify what type of activity your business performs (4 or 8 digit numeric). Search on <http://www.osha.gov/oshstats/sicser.html>

SIC Code: _____ SIC Code: _____ SIC Code: _____

SIC Code: _____ SIC Code: _____ SIC Code: _____

Financial Information:

Financial Institution Name: _____
(Bank name for Electronic Funds Transfer)

ABA Routing Number (M) (9digits): _____

Account Number (M): _____ Must indicate type of account (M)
 Checking OR Savings

Lockbox Number: _____

Automated Clearing House (ACH=Bank) (M) at least one method of contact must be entered

ACH U.S. Phone Number: _____

ACH Fax (U.S. Only): _____

ACH Non-U.S. Phone: _____

ACH Email: _____

Remittance Address (M): (what is the "Remit to" name and address on your invoice/bill?)

Business Name (M): _____

Address (M): _____

City (M): _____ State (M): _____ Zip/Postal Code (M): _____

Country (M): _____

Accounts Receivable Point of Contact (M):

Name (M): _____

Email (M): _____

U.S. Phone: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Do you (the Registrant) use or accept Credit Cards as a method of Purchase or Payment? (M). Yes No

Registration Acknowledgement and Point of Contact Information:

Note: The Registrant acknowledges that the information provided is current, accurate, and complete.

CCR Point of Contact (M)

Name: _____

Email: _____

U.S. Phone: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

CCR Alternate Point of Contact (M)

Name : _____

Email: _____

U.S. Phone: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Government Business Point of Contact (If name is entered, all fields are mandatory).

This POC and contact information (excluding the email address) will be publicly displayed on the CCR Search Page.

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

U.S. Phone: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Government Business Point of Contact Alternate (If primary is entered, alternate is mandatory) This POC and contact information (excluding the email address) will be publicly displayed on the CCR Search Page.

Check to use Primary Govt. POC information for Alternate Govt. POC

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

U.S. Phone: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Electronic Business Primary Point of Contact (M) This POC and contact information (excluding the email address) will be publicly displayed on the CCR Search Page.

Name (M): _____

Email (M): _____

Address (M): _____

City (M): _____ State (M): _____ Zip Code (M): _____ Country: _____

U.S. Phone (M): _____ Ext. _____

Non U.S. Phone: _____ Ext. _____

Fax (U.S. Only): _____

Electronic Business Alternate Point of Contact (M) This POC and contact information (excluding the email address) will be publicly displayed on the CCR Search Page.

Check to use Primary Electronic Business POC information for Alternate Electronic Business POC

Name (M): _____

Email (M): _____

Address (M): _____

City (M): _____ State (M): _____ Zip Code (M): _____ Country: _____

U.S. Phone (M): _____ Ext. _____

Non U.S. Phone: _____ Ext. _____

Fax (U.S. Only): _____

Past Performance Primary Point of Contact (If name is entered, all fields are mandatory)

This POC and contact information (excluding the email address) will be publicly displayed on the CCR Search Page. MPIN is Mandatory if entering Past Performance POC, MPIN will not be shown on the public search.

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

U.S. Phone: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Past Performance Alternate Point of Contact (If primary is entered, alternate is mandatory)

This POC and contact information (excluding the email address) will be publicly displayed on the CCR Search Page.

Check to use Primary Past Performance POC information for Alternate Past Performance POC

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

U.S. Phone: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Marketing Partner ID (MPIN) _____

Must be 9 alphanumeric, no spaces, no symbols

MPIN is Mandatory if entering Past Performance POC.

The preferred method is to enter your registration directly on the web at www.ccr.gov You may read the CCR Handbook <http://www.ccr.gov/handbook.cfm> for further information.

E-mail address CCR@dliis.dla.mil

For registration assistance call 1-888-227-2423 or 1-269-961-4725