

Central Contractor Registration Worksheet

You may use this CCR Worksheet to collect the information required to register in CCR, then go to 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: _____

Tax ID³ (M): _____ OR Social Security Number: _____

Division Name: _____ Division Number: _____

Corporate Web Page URL (Company website address): _____

Physical Address (M): _____

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

Country (M): _____

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

Business Name: _____

Mailing Address (PO Box is acceptable): _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

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

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

Type of Organization (M):

Corporate Entity (Not Tax Exempt)

Corporate Entity (Tax Exempt)

State of Incorporation: _____ or Country (if other than US): _____

Sole Proprietorship

Partnership

U.S. Government Entity

Federal State Local

Foreign Government

International Organization

Other

1. Data Universal Numbering System (DUNS)– Call Dun & Bradstreet at 1-800-333-0505 or 1-610-882-7000 if unsure.

2. Commercial and Government Entity (CAGE) Code – If you do not have a CAGE Code, one will be assigned to you, call DLIS – Defense Logistics Information Services at 1-888-352-9333 Option 3 if unsure, or check CAGE search web http://www.dlis.dla.mil/cage_welcome.asp

3. Taxpayer Identification Number (TIN) – 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)).

Owner Information (M) if Sole Proprietorship:

Name: _____

U.S. Phone: _____ Ext.: _____

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

Fax (U.S. Only): _____

Email: _____

Business Type(s) (M) Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> 8(a) Program Participant | <input type="checkbox"/> Construction Firm |
| <input type="checkbox"/> American Indian Owned | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> Hub Zone Business | <input type="checkbox"/> Emerging Small Business |
| <input type="checkbox"/> Minority Owned Business (Must choose one below): | <input type="checkbox"/> Foreign Supplier |
| <input type="checkbox"/> Subcontinent Asian (Asian-Indian) American | <input type="checkbox"/> Historically Black College/Univ. |
| <input type="checkbox"/> Asian-Pacific American | <input type="checkbox"/> Labor Surplus Area Firm |
| <input type="checkbox"/> Black American | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Manufacturer of Goods |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Minority Institution |
| <input type="checkbox"/> No Representation/None of the above | <input type="checkbox"/> Municipality |
| <input type="checkbox"/> Large Business | <input type="checkbox"/> Nonprofit Institution |
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Research Institute |
| <input type="checkbox"/> Small Disadvantaged Business | <input type="checkbox"/> S Corporation |
| <input type="checkbox"/> Woman Owned Business | <input type="checkbox"/> Service Location |
| <input type="checkbox"/> Veteran Owned Business | <input type="checkbox"/> Sheltered Workshop (JWOD) |
| <input type="checkbox"/> Service Disabled Veteran Owned | <input type="checkbox"/> Tribal Government |

Party Performing Certification (M) if approved for 8a certification through the Small Business Administration (SBA)

Certifier's Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

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:

EFT –Electronic Funds Transfer Information

Financial Institution Name: _____
(Bank name for Electronic Funds Transfer) (If Non-US business, EFT is optional)

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 Contact (M):

Name (M): _____

Email (M): _____

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

For the following POCs, may identify two persons for each category

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

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

U.S. Phone: _____ Ext.: _____

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

Fax (U.S. Only): _____

E-Business Point of Contact (If name is entered, all fields are mandatory)

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

U.S. Phone: _____ Ext.: _____

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

Fax (U.S. Only): _____

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

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

U.S. Phone: _____ Ext.: _____

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

Fax (U.S. Only): _____

Marketing Partner ID (MPIN) _____

(Used in PPAIS and TEDS systems) (Must be 9 alphanumeric, no spaces, no symbols.)

MPIN is Mandatory if entering Past Performance POC.

You may enter your registration directly on the web at www.ccr.gov

Read the CCR Handbook <http://www.ccr.gov/handbook.cfm> for further information.

E-mail address CCR@dlis.dla.mil

For registration assistance call 1-888-227-2423 or 1-616-961-4725