

US Federal Contractor Registration CCR and ORCA Worksheet

Please fill out form **COMPLETELY** and e-mail to procurement@usfcrgov.com or fax to 1-727-388-1371 or call 1-877-252-2700. **Please consider all fields MANDATORY unless non-applicable or repetitive.**

Renewals with no changes need only USER ID, Password, & MPIN

Name of Person Requesting Registration _____ Title _____

Direct Phone: _____ Email: _____

DUN's Number (If available): _____

Below information needed only for Re-Registrations and Renewals:

CAGE: _____ USER ID: _____ Password: _____

MPIN: _____ **Check here if last Registration was done before April 2008:** ☐

CCR POC: _____ CCR Alternate POC: _____

Company Contact Information:

Legal Business Name: _____

DBA: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

EIN: _____ SSN (if sole proprietor): _____

Owner Information (if sole proprietor)

Name: _____ Email: _____

U.S. Phone: _____ Ext: _____ Fax: _____

Physical Address: Street: _____

City: _____ County: _____ State: _____

Zip Code: _____ Zip Plus 4: _____ Country: _____

Mailing Address: ☐ **Check if same as physical address**

Mailing address (PO Box is acceptable): _____

City: _____ State: _____

Zip Code: _____ Zip Plus 4: _____ County: _____

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Business Start Date (mm/dd/yyyy): _____ Number of W-2 Employees: _____

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

Type of Organization: **Check only those which apply currently to your Company or Organization**

☐ Corporation (non tax exempt)

☐ S Corp

☐ Corporation (tax exempt)

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

☐ Sole Proprietorship

☐ U.S. Government Entity

☐ Foreign Government

☐ Partnership or Limited Liability Partnership

☐ Federal

☐ State

☐ Local

☐ Limited Liability Corporation

☐ International Organization

☐ Small Agricultural Coop

☐ Foreign Owned and Located

☐ Manufacturer of Goods

☐ Other _____

☐ For Profit Organization

☐ Nonprofit Organization

Business Type(s) Check all that apply if any: ☐ **Self Certified Small Disadvantaged Business**

☐ **Veteran Owned Business**

☐ Service Disabled Veteran Owned Business

☐ **Woman Owned Business**

☐ **Minority Owned Business**

☐ Asian-Pacific American Owned

☐ Subcontinent Asian (Asian-Indian) American Owned

☐ Black American Owned

☐ Hispanic American Owned

☐ Native American Owned

☐ Other than one of the preceding

If your organization is a Federally Recognized Native American Entity, check all that apply.

☐ Alaskan Native Corporation Owned Firm

☐ American Indian Owned

☐ Tribally Owned Firm

☐ Indian Tribe (Federally Recognized)

☐ Native Hawaiian Organization Owned Firm

☐ Community Development Corporation

☐ Domestic Shelter

☐ Educational Institution

☐ 1862 Land Grant College

☐ 1890 Land Grant College

☐ 1994 Land Grant College

☐ Historical Black College/Univ.

☐ Minority Institution

☐ Private University or College

☐ School of Forestry

☐ Hispanic Servicing Institution

☐ State Controlled Institution of Higher Learning

☐ Tribal College

☐ Veterinary College

☐ Alaskan Native Servicing Institution

☐ Native Hawaiian Servicing Institution

☐ Foundation

☐ Hospital

☐ Veterinary Hospital

☐ YES – Certified DBE (Disadvantaged Business Enterprise)

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☐ If you are an 8(a) program participant, check here.

☐ If you have applied for 8(a) disadvantaged small business status,

Goods and Services:

CCR uses NAICS Codes North American Industrial Classification Code to identify what product or service your business provides. If you know which codes apply to your business please list them here:

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

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

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

Otherwise please write a brief description of your business goods or services here:

If your company receives more than \$25,000,000.00 in gross revenues from government grants, loans, or contracts and 80% or more of your total company revenue is from government grants, loans, or contracts, you must list the top 5 wage earners, their salaries, and titles *unless that information is already publicly published*.

1. Name: _____ Title: _____ Salary: _____

2. Name: _____ Title: _____ Salary: _____

3. Name: _____ Title: _____ Salary: _____

4. Name: _____ Title: _____ Salary: _____

5. Name: _____ Title: _____ Salary: _____

☐ Does your business or organization have total active grants or contracts greater than \$10,000,000?

☐ Is your business or organization currently a party to any "proceedings"? (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than \$5,000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgment of fault

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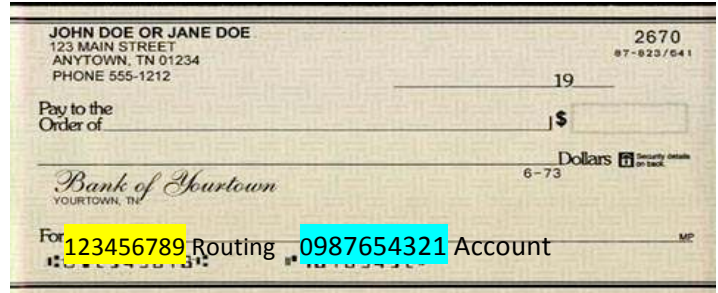
Financial Information:

This information is required for Central Contractor Registration and CCR cannot be completed without it. This information is for CCR input only (attaching a voided check is Recommended).

EFT – Electronic Funds Transfer Information

ABA Routing Number (First 9 digits): _____

Account Number: _____ ☐ Checking ☐ Savings



At least **one** method of contact must be entered for your **Financial Institution**:

Bank Phone Number: _____ Bank Fax: _____

Business Remittance Address (business payment address):

Business Name: _____

Address: _____

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

Accounts Receivable Contact:

Name: _____

Email: _____

U.S. Phone: _____ Ext: _____ Fax: _____

Do you (the registrant) accept Credit Cards as Method of Payment? Yes ☐ No ☐

Primary Point of Contact for CCR:

Name: _____ Email: _____

Phone (if different): _____ Ext: _____ Fax: _____

Address (if different): _____

Alternate Point of Contact:

Name: _____ Email: _____

Phone (if different): _____ Ext: _____ Fax: _____

Address (if different): _____

If more than two points of contact are needed for Electronic Business, Past Performance, or Government Business, Please list on a separate sheet or discuss with your procurement officer.

Please sign as an authorized officer of your company and attest to the truthfulness of this information:

Print Name: _____ Signature: _____

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The Yellow boxes delineate answers that would require additional information that we need to gather in order to finish submitting your ORCA information. These boxes are not preselected for you. They are simply color coded to let us know that more information may be required. Someone will be contacting you for this information.

Contact information for person attesting to all information on the ORCA application:

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Company Physical Address: _____

City: _____ State: _____ Zip + 4: _____

Country: _____

MPIN (If available): _____

1. Who is responsible for determining prices offered on bids/proposals? (there can be multiple)
Title? _____

2. Does your company have other plants/facilities used to perform on contracts?(Please provide address, owner name, and owner address on a separate sheet for all additional locations.)

Yes ☐ No ☐ Not Sure ☐

3. Does your company have any recovered material content?
If yes, does it meet EPA Guidelines?

Yes ☐ No ☐ Not Sure ☐

Yes ☐ No ☐ Not Sure ☐

4. Does your company manufacture/process/use toxic chemicals?

Yes ☐ No ☐ Not Sure ☐

5. Is your company owned or controlled by a common parent company that files its taxes on a consolidated basis? If yes,
Company Name: _____

Yes ☐ No ☐ Not Sure ☐

Company EIN: _____

6. Is anyone affiliated with your company currently debarred, suspended, proposed for debarment, or declared ineligible for contract awards?

Yes ☐ No ☐ Not Sure ☐

Initial: _____

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7. In the past three years, has anyone affiliated with your company been convicted or had a civil judgment rendered against for fraud or criminal offense in connection with obtaining or performing public contracts, subcontracts, or violation of federal or state antitrust statutes relating to embezzlement, theft, forgery, bribery, destruction of records, making false statements, tax evasion, violating tax laws, or receiving stolen property? Yes ☒ No ☐ Not Sure ☐
8. Is anyone affiliated with your company indicted or charged by a governmental entity for the offenses mentioned above? Yes ☒ No ☐ Not Sure ☐
9. In the past three years has your company been notified of more than \$3000 in delinquent taxes that have not been paid? Yes ☒ No ☐ Not Sure ☐
10. Within the past three years has your company been terminated from government contracts? Yes ☒ No ☐ Not Sure ☐
11. Is your company working in a joint venture with any companies that are HUBZone or Small Disadvantaged business, If yes:
Company Name: _____ Yes ☒ No ☐ Not Sure ☐
12. Do you provide any DATA to the government that qualifies as limited rights data or restricted computer software? Yes ☒ No ☐ Not Sure ☐
13. Have you submitted a Small Disadvantaged Business Concern application to the SBA and a decision is pending? Yes ☒ No ☐ Not Sure ☐
14. Does your company deliver any end products that are on the list of products requiring Federal Contractor Certification as to Forced or Indentured Child Labor under Executive order? Yes ☒ No ☐ Not Sure ☐
15. Has your company held previous contracts/subcontracts subject to Equal Opportunity Act? Yes ☒ No ☐ Not Sure ☐
16. Are any end products delivered to the government by your company considered foreign end products? Yes ☒ No ☐ Not Sure ☐
17. Have you filed all *required* Equal Employment Opportunity compliance reports (Applicable to Non-Construction companies with over 50 employees only)? Yes ☐ No ☒ Not Sure ☐

Initial: _____

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- | | | | |
|---|---|--|-----------------------------------|
| 18. Have you held previous contracts subject to affirmative action program requirements? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Not Sure <input type="checkbox"/> |
| 19. Have you developed and have on file affirmative action programs <i>required</i> by Secretary of Labor? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Not Sure <input type="checkbox"/> |
| 20. Does your company provide Maintenance, calibration, or repair of information technology, scientific and medical and/or office and business equipment? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Not Sure <input type="checkbox"/> |
| a. If yes does your company sell the equipment or service to the general Public? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Not Sure <input type="checkbox"/> |
| b. Does your company sell the services furnished based on established market prices or catalog prices? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Not Sure <input type="checkbox"/> |
| c. Does your company offer the same wage and fringe benefits for employees servicing government contracts as commercial contracts | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Not Sure <input type="checkbox"/> |
| 21. Does your business provide services pertaining to vehicle repair, hotel/motel services, financial services involving cards, transportation of persons, relocation services, real estate services, or maintenance, calibration, repair, and/or installation of equipment performed by the manufacturer or supplier of the equipment? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Not Sure <input type="checkbox"/> |
| a. If yes does your company sell the equipment or service to the general Public? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Not Sure <input type="checkbox"/> |
| b. Does your company sell the services furnished based on established market prices or catalog prices? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Not Sure <input type="checkbox"/> |
| c. Does your company offer the same wage and fringe benefits for employees servicing government contracts as commercial contracts | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Not Sure <input type="checkbox"/> |
| d. Does your company ensure that each employee performing these services will only spend a small portion of their time (average of 20% or less, either monthly or throughout the duration of the contract) servicing the Government contract? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Not Sure <input type="checkbox"/> |

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22. Does your company currently do business with the
Department of Defense?

Yes ☐

No ☐

Not Sure ☐

There may be additional information that we need to gather in order to finish submitting your ORCA information. Someone will be contacting you for this information. Please provide the best phone number to reach you if different from that at the beginning of the worksheet.

Phone: _____

US Federal Contractor Registration Inc. requires an officer of the company to sign with the submittal of this information.

I attest the above information is true and legally binding:

Print Name: _____

Signature: _____

Date: _____