

## 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](http://www.ccr.gov) to register.

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

### General Information

DUNS Number<sup>1</sup> (M): \_\_\_\_\_ CAGE Code<sup>2</sup> (M) if foreign: \_\_\_\_\_

Legal Business Name (M): \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Tax ID<sup>3</sup> (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](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): \_\_\_\_\_

Must indicate type of account (M)

Account Number (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.**

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You may enter your registration directly on the web at [www.ccr.gov](http://www.ccr.gov)

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

**E-mail address [CCR@dlis.dla.mil](mailto:CCR@dlis.dla.mil)**

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