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 ID ³ (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

- . 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 (CAGÉ) 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

International Organization

Other

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)).

Foreign Government

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: 8(a) Program Participant American Indian Owned	college/Univ. a Firm mpany boods op (JWOD) n the Small Business
Address: City: State: Zip/Postal Code:	
Country:	
Goods and Services: NAICS Codes (M) North American Industrial Classification Code to identify service your business provides (6 digit numeric). Search on http://www.census.gov/epcd/www/naicstab.htm	y what product or
NAICS Code:NAICS Code:NAICS Code	:
NAICS Code:NAICS Code:NAICS Code	:

SIC Codes (M) Standard Ind business performs (4 or 8 dig			
SIC Code:S	IC Code:	SIC Code:	
SIC Code:S	IC Code:	SIC Code:	
Financial Information: EFT -Electronic Funds Tra Financial Institution Name: (Bank name for Electronic Fu	unds Transfer) (If No	•	•
ABA Routing Number (M) (96	digits) :	Must indicate type of a	account (M)
Account Number (M):		Checking OR	Savings
Lockbox Number:			
Automated Clearing House (ACH=Bank) (M) at leas	st one method of contact mus	st be entered
ACH U.S. Phone Number:			
ACH Fax (U.S. Only):			
ACH Non-U.S. Phone:			
ACH Email:			
Remittance Address (M): (v	what is the "Remit to" n	ame and address on your in	voice/bill?)
Business Name (M):			
Address (M):			
City (M):	State (M) :	Zip/Postal Code (M):	
Country (M):			
Accounts Receivable Cont	act (M):		
Name (M):			
Email (M) :			_
U.S. Phone (M):		Ext.:_	
Non U.S. Phone:		Ext.:	
Fax (U.S. Only): Do you (the Registrant) use of as a method of Purchase or		☐ Yes	□ No
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Registration Acknowledgement and Point of Contact Information Provided is currently complete. CCR Point of Contact (M)	
Name:	<u> </u>
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 Name:	-
Email:	_
Address:	-
City: State: Zip Cod	de:
U.S. Phone:Ext.:	
Non U.S. Phone:	Ext.:
Fax (U.S. Only):	<u> </u>
E-Business Point of Contact (If name is entered, all fields are manda	atory)
Name:	_
Email:	_
Address:	

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City:	State:	Zip Code:
U.S. Phone:		Ext.:
Non U.S. Phone:		Ext.:
Fax (U.S. Only):		
Past Performance Point of Contact 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) MPIN is Mandatory if entering Past	(Must be 9 alpha	

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