

Central Contractor Registration (CCR)

CCR has been designated as the federal government's primary vendor registration database. Firms interested in doing business with the federal government will, in most cases, be required to register in this database before contracts can be awarded (the primary exception is credit card/purchase card transactions).

Use this form to collect the information needed to register in the CCR databases. This form collects the basic information required for CCR registration. Please download the official CCR Handbook from <http://www.ccr.gov/handbook.aspx>.

DO NOT send this form to the federal government. If you want to enter the data yourself, you can do so online at <http://www.ccr.gov>. If you have any questions about CCR registration, call (866) 606-8220.

All fields are mandatory unless otherwise marked.

1. DUNS Number: _____

You must have a 9-digit Data Universal Numbering System (DUNS) number to complete this registration. If you don't have a DUNS number, call Dun and Bradstreet Corporation at (866) 705-5711, or go to <http://fedgov.dnb.com/webform/displayHomePage.do>. There is no charge to obtain a DUNS number for federal government registration purposes. Let Dun and Bradstreet (D&B) know that you are requesting a DUNS number for CCR registration. Dun and Bradstreet may include your basic company information (i.e., company name, address) in some of their products, such as mailing lists. If at any time you don't want to be included in D&B's products, call them at (866) 705-5711.

2. CAGE Code (optional): _____

Enter your 5-digit Commercial and Government Entity (CAGE) code, if known. The CAGE code is an identification number issued by the U.S. Department of Defense (DoD). If you don't have a CAGE code, or you are not sure what your code is, leave this field blank and the federal government will provide a CAGE code for you. You can also check the following website for CAGE code numbers: https://www.bpn.gov/bincs/begin_search.asp.

3. Legal Business Name: _____

Enter the legal name by which you are incorporated and pay taxes. Your legal business name must match your taxpayer identification number (TIN). (See question #5). If you don't know your TIN, contact the Internal Revenue Service (IRS) at (800) 829-1040. Your legal business name and address must also match Dun and Bradstreet's listing for your company. We recommend that you access <http://smallbusiness.dnb.com>, or call Dun and Bradstreet at (866) 705-5711 to get the exact listing for your company name and address.

4. Doing Business: _____

Complete only if your business operates under a name other than your legal business name.

5. Federal Tax Identification Number (TIN)/Employer Identification Number (EIN): _____

Enter your 9-digit Tax Identification Number used for income tax purposes. If you operate as an individual sole proprietorship, you may use your Social Security Number if you do not have a TIN/EIN. Call the IRS at (800) 829-1040 if you don't know your Taxpayer Identification Number.

6. Company Division Name and/or Number (optional): _____

7. Company Website (optional): _____

Enter your company's website, if applicable.

8. Street Address: _____

A physical street address (no P.O. Boxes) must be listed. As mentioned above, the street address must match Dun and Bradstreet's information. Refer to <http://smallbusiness.dnb.com> or call (866) 705-5711 to verify Dun and Bradstreet's listing of your street address.

9. City, State, and Zip +4 Code: _____

Zip +4 codes can be obtained at <http://www.usps.com/zip4/>.

10. Enter complete mailing address if different than physical street address (P.O. Box is acceptable):

Any address used here will receive all CCR correspondence.

11. Business Start Date (month, day, and year): _____/_____/_____

Provide the month, day, and year your business was started in its present form. If you are unsure of the exact date, please provide your best estimate. Note that month and day are required in addition to year.

12. Number of Employees: _____

Enter your firm's average number of full-time equivalent employees, including affiliated companies, for the past 12 months (must be at least 1). For information about affiliation, see <http://www.sba.gov/size/indexglossary.html>.

13. Fiscal Year End Close Date (month and day): _____/_____

Enter the month and day that your firm closes or "balances" the books from an accounting/tax standpoint. If your business fiscal year is the same as the calendar year, enter 12/31.

14. Average Annual Revenue: \$ _____

Total your annual revenue, including affiliated companies, for the past 3 years and divide by 3 (cannot be zero). For information about affiliation, see <http://www.sba.gov/size/indexglossary.html>.

15. Type of Relationship with the U.S. Government (circle one; select the appropriate type of contractual relationship that your firm plans to enter into with the U.S. Federal Government):

Contracts Grants Both (Contracts & Grants)

16. Type of Organization (circle only one): Sole Proprietorship Partnership

Corporate Entity (Not Tax Exempt) Corporate Entity (Tax Exempt) Fed/State/Local Government

NOTE: Limited Liability Partners Companies or "S" Corporations should choose "Corporate Entity".

17. If you selected "Sole Proprietorship", provide the owner's name, phone number, fax number, and e-mail:

18. If you selected Corporate Entity, List State (or Foreign Country) of Incorporation: _____

19. Business Types - Circle ALL That Apply:

Other Business/Organization Factors:

Limited Liability Company (LLC) S Corporation Foreign Owned and Located

Types of Business:

Architecture and Engineering (A&E) Community Development Corp. Construction Firm
Domestic Shelter Educational Institution For Profit Organization
Foundation Hispanic Servicing Institution Hospital
Other Not for Profit Organization Manufacturer of Goods Nonprofit Organization
Veterinary Hospital Research and Development Service Provider

Socio-Economic Factors:

Large Business Self Certified Small Disadvantaged Business Veteran Owned
Service Disabled Veteran Owned Woman Owned Minority Owned*

*(If you chose "Minority Owned" above, you must also circle one specific type from the list below):
Subcontinent Asian (Asian-Indian) American Owned Asian-Pacific American Owned
Black American Owned Hispanic American Owned
Native American Owned No Representation/None of the above

Socio-Economic Certifications [circle this selection only if your firm has been officially certified by a state Department of Transportation (DOT)]:

DoT Certified Disadvantaged Business Enterprise

Federally Recognized Native American Entities:

Alaskan Native Corporation Owned Firm Native Hawaiian Organization Owned Firm
American Indian Owned Tribal Government
Indian Tribe (Federally recognized) Tribally Owned Firm

Other Socio-Economic Categories:

Community Developed Corporation Owned Firm Labor Surplus Area Firm
Small Agricultural Cooperative

20. North American Industry Classification System (NAICS) Codes: _____

NAICS codes are 6-digit codes that identify your type of business. Additional information on NAICS codes, including a searchable NAICS database and a chart comparing NAICS codes to SIC codes, can be found at <http://www.census.gov/naics/2007/NAICOD07.HTM>. You may enter up to 20 NAICS codes.

21. Standard Industrial Classification (SIC) Codes: _____

SIC codes are 4 digit numeric codes that identify your type of business. Be sure to match each SIC code to the appropriate NAICS Code provided for question #20. See cross-reference charts at <http://www.census.gov/epcd/naics02/naico602.htm>. You may enter up to 20 SIC codes.

22. Federal Supply Class/Product Service Class (FSC/PSC) Codes (optional): _____

FSC/PSC codes are 4 digit codes used to identify the products or services purchased by the federal government. For help in determining appropriate FSC/PSC codes, go to <http://www.softshare.com/tables/pscs>. You may enter up to 10 FSC and 10 PSC codes.

We strongly recommend that you consult your financial depository institution to obtain and/or confirm the information for questions 23-28. Contact your financial institution's ACH coordinator for additional information about fees, notification of deposit, and other questions you may have concerning electronic funds transfer.

23. Name of Financial Institution: _____

24. American Banking Association (ABA) EFT Routing Number: _____

Call your financial institution to obtain their 9-digit Electronic Funds Transfer ABA Routing/Transit ID number. This number, along with your checking or savings account number, is needed so that the federal government can pay you electronically (via direct deposit) rather than by check.

25. Your Account Number: _____

Enter the account number where you want funds deposited.

26. Type of Account (circle one): Checking Savings

27. Lock box Number: _____

If you use a lockbox for receipt of deposits, enter the number here; otherwise, leave blank.

28. Automated Clearing House (ACH) Phone, Fax Number or E-mail (only 1 is required): _____

Call your bank or financial institution and ask them for the phone number of the ACH coordinator (only the phone, fax number, or e-mail is needed, not the name of the person). The ACH Coordinator is the person at the financial institution (not at your company) who would handle the EFT payments sent from the government.

29. Remittance Address (name, address, city, state, zip+4): _____

Enter the address where payment should be sent if EFT is not working.

30. Your Company Accounts Receivable POC (Point of Contact): _____

List the person in your company that should be contacted if the federal government has a problem processing your payment.

31. Company Accounts Receivable POC (Point of Contact) E-mail, Phone, and Fax Number (all are mandatory): _____

32. Do you accept Credit Cards as a method of Payment? (circle one): Yes No

33. Company CCRPOC (Point of Contact): _____

List the person in your company that the government should contact if they have questions about the information on this form. This person is also acknowledging that the information on this form is current, accurate, and complete.

34. CCR POC (Point of Contact) E-mail, Phone, and Fax Number (all are mandatory):

35. Alternate Company CCRPOC (Point of Contact): _____

If desired, you can use the same person that you listed in response to question #33.

36. Alternate Company CCR POC (Point of Contact) E-Mail, Phone, and Fax Number (all are mandatory):

37. Government Business POC (Point of Contact): _____

List the name of the person in your firm responsible for government marketing/sales.

38. Government Business POC (Point of Contact) E-mail, Mailing Address, Phone, and Fax Number (all are mandatory):

39. Past Performance POC (Point of Contact) (optional): _____

List the person in your company responsible for administering past performance and response efforts.

40. Past Performance POC (Point of Contact) E-mail, Mailing Address, Phone, and Fax Number (mandatory if you responded to question #39):

41. Electronic Business POC (Point of Contact): _____

List the person in your company responsible for access into government electronic business systems.

42. Electronic Business POC (Point of Contact) E-mail, Mailing Address, Phone, and Fax Number (all are mandatory):

Note: If you want to provide an alternate contact person for the Government Business POC, Past Performance POC, or Electronic Business POC, please list them at the bottom of this page or attach additional sheets if necessary.

43. Marketing Partner Identification Number (MPIN):

The MPIN is a 9-digit alpha-numeric (non case-sensitive) access code created by you. It is used for various federal government e-commerce initiatives. It must contain 9 digits, including at least one letter (A-Z) and at least one number (0-9).

IRS consent – Information provided in this section obtains your authorization for the Internal Revenue Service (IRS) to validate that the Legal Business Name (question #3) and Taxpayer Identification Number (TIN) (question #5) match the information on file with IRS for the most current tax year reported.

44. Taxpayer Name (Legal Business Name):

45. Tax Year (insert most recent tax year):

46. Name of individual executing consent and title:

47. Signature (enter your MPIN again here):

This completes the information required for Central Contractor Registration.
If this information is submitted online at <http://www.ccr.gov>, a Temporary Confirmation number will be assigned. Please save this number as it may be needed to access your CCR registration, or to log back in to an incomplete but saved registration.

You must renew and revalidate your registration at least every 12 months.