



# FEDERAL CONTRACTOR REGISTRY

Please fill out this form completely and email to [inbound@ccrorca.com](mailto:inbound@ccrorca.com) or fax to 1-202-568-6401. Please consider all fields MANDATORY unless non-applicable or repetitive. Renewals with no changes need only USER ID, Password & MPIN

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## I. GENERAL INFORMATION

Name

Title

Direct Phone

Email

DUNS Number (if available)

### Information required for Re-registrations and Renewals only

CCR User ID

CCR Password

MPIN

Check here if last registration was done before April 2008

Legal Business Name

DUNS Number (if available)

CAGE/NGAGE Code

**RENEWALS ONLY:** Please have an authorized officer sign below to attest to the truthfulness of the information being submitted on this form.

Print Name/Signature

## II. COMPANY CONTACT INFORMATION

Legal Business Name

Doing Business As (DBA)

Phone

Fax

Email

Website/URL

EIN/TIN

Most Recent Tax Year Filed

## Owner Information (if sole Proprietor)

Name

SSN

Email

U.S. Phone

Extension

Fax

## Physical Address

Street

City

County

State

Foreign Province

Zip Plus 4

Country

## Mailing Address: \*P.O. Box is acceptable

(Check if same as physical address)

Street

City

County

State

Foreign Province

Zip Plus 4

Country



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### III. BUSINESS INFORMATION

Business Start Date (MM/DD/YY)

Average Annual Revenue (3 years average)

Fiscal Year End Date (MM/DD)

Number of Permanent W-2 Employees (12 month Average)

#### Organization Structure

\*Check only those which apply currently to your company or Organizations.

- Corporation (non tax exempt)
  S Corp
  Corporation (tax exempt)

State of Incorporation

Or Country (if other than UK)

- Partnership or Limited Liability Partnership  
 Federal  State  Local  
 Sole Proprietorship  
 U.S. Government Entity  Foreign Government  
 Limited Liability Corporation  
 International Organization  
 Foreign Owned and Located  
 Small Agricultural Coop  
 Manufacture of Goods  
 For Profit Organization  Nonprofit Organization  
 Other \_\_\_\_\_

#### Special Classifications

Each category requires that the company is 51% owned and the management and daily operations are controlled by one or more members of the selected groups. Check all that apply.

- Self-Certified Small Disadvantaged Business  
 Veteran Owned Business  
 Service Disabled Veteran Owned Business  
 Woman Owned Business  
 Women-Owned Small Business  
 Economically Disadvantaged Women-Owned small business  
 Joint Venture Women-Owned Small Business  
 Joint Venture Economically Disadvantaged Women-Owned Small 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

- Alaskan Native Corporation Owned Firm  
 American Indian Owned  
 Tribally Owned Firm  
 Native Hawaiian Organization Owned Firm  
 Indian Tribe (Federally Recognized)

#### Does your organization qualify as one of the following? Check all that apply.

- Community Development Corporation  
 Domestic Shelter  
 Education Institution  
 1862 Land Grant College  
 1890 Land Grant College  
 1994 Land Grant College  
 Historical Black College/University  
 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  
 Department of Transportation (DOT) Disadvantaged Business Enterprise  
 If you are 8(a) program participant, check here  
 If you have applied for 8(a) disadvantaged small business status



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## IV. GOODS AND SERVICES

The North American Industry Classification System (NAICS) uses codes to identify what type of activity your business performs as well as the type of product or service you offer. If you know the **NAICS codes** that apply to your business, please list them below:


Otherwise, please give a brief description of the business goods and services that you provide so that we may obtain the NAICS codes for you:

If your business or organization received (1) 80% or more of our annual gross revenue in US Federal contracts, subcontracts, loans, grants, subgrant and/or cooperatives AND (2) \$25,000,000 or more in annual gross revenue from US Federal contracts, subcontracts, loans, grants, subgrant and/or cooperatives, then you must list the top five (5) most highly compensated executives, unless publicly available and 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 current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000?

Within the last five years, has your business or organization and/or any of its principals been subject of Federal or State:

(1) Criminal proceeding resulting in a conviction or other acknowledgement 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 acknowledgement 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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## V. FINANCIAL INFORMATION

Electronic Funds Transfer (EFT) information is a REQUIREMENT for CCR Registration. Your registration cannot be completed without it. The information is for CCR registration purposes only.

Financial Institution Name/ ABA Routing Number (9 digits)

Account Number  Checking

Savings

**Automated Clearing House (ACH) or at least one method of contact must be entered for your Financial Institution**

Bank Phone Number

Bank Fax Number

Bank Email

**Business Remittance Address (business payment address)**

Business Name

Address

City

State

## Accounts Receivable Contact

Name

Email

U.S. Phone

Extension

Fax

Do you (the registrant) accept credit cards as method of payment? Yes  No

## CCR Point of Contact Primary

Name

Email

Phone (if different)

Extension

Fax

Address (if different)

## CCR Point of Contact Alternate

Name

Email

Phone (if different)

Extension

Fax

Address (if different)

For additional points of contact for electronic business, past performance or government business, please list on separate sheet and attach.

**Please have an authorized officer, review, print and sign to attest to the truthfulness of the information being submitted on this form.**

Print Name

Title

Signature

Date



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**The yellow boxes indicate answers that would require additional information that we need to obtain in order to submit 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 Plus 4

Country

MPIN (If available)

DUNS

(1) Who are the person(s) responsible for determining prices offered in bids/proposals? Please give name and title.

(2) Does your company have other plants/facilities at different addresses routinely used to perform on contracts? If yes, please provide address, owner's name and owner's address for other locations.

Yes  No

(3) For products designated by the Environmental Protection Agency and provided by your company, does the percentage of "Recovered material" content meet the applicable EPA guidelines? "Recovered material" meaning waste material and by-products recovered or diverted from solid waste. (FAR 52.223-4, FAR 52.223-9)

Yes  No  Not Sure

(4) Do your company's facilities manufacture/ process/ use toxic chemicals?

Yes  No  Not Sure

(5) Is your company owned or controlled by a common parent that files its Federal income tax returns on a consolidated basis?

Yes  No

If yes, Company Name

Company EIN

(6) Is your company, or any of its principals, currently debarred, suspended, proposed for debarment or declared ineligible for the award of contracts by any Federal agency?

Yes  No

Initial

(7) In the past three years, has your company, or any of its principals, been convicted or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, violating Federal criminal tax laws, or receiving stolen property?

Yes  No

(8) Has your company, or its principles been indicted or criminally or civilly charged by a governmental entity for the above mentioned offenses?

Yes  No

(9) In the past three years has your company been notified of any delinquent taxes of \$3,000 or more that have not been paid?

Yes  No



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- (10) Within the past three years has your company been terminated from any government contracts?  
Yes  No
- (11) Is your company working in a joint venture with any companies that are HUBZone or Small Disadvantaged businesses?  
Yes  No
- If yes, Company Name
- (12) Does your company provide any DATA to the government that qualifies as limited rights data or restricted computer software?  
Yes  No  Not Sure
- (13) Has your company submitted an application for Small Disadvantaged Business Certification to the SBA and a decision is pending?  
Yes  No
- (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
- (15) Has your company held previous contracts/subcontracts subject to Equal Opportunity Act?  
Yes  No
- (16) Are any end products delivered to the government by your company considered foreign end products?  
Yes  No  Not Sure
- (17) Has your company filed all required Equal Employment Opportunity compliance reports?  
Yes  No
- (18) Has your company held previous contracts subject to affirmative action program requirements?  
Yes  No
- (19) Has your company developed and have on file affirmative action programs required by Secretary of Labor?  
Yes  No
- (20) Does your company provide maintenance, calibration, or repair of information technology, scientific and medical and/or office and business equipment?  
Yes  No  Not Sure
- a.If yes does your company sell the equipment or equipment or service to the general public?  
Yes  No
- b.Does your company sell the services furnished base on established market prices or catalog prices?  
Yes  No
- c.Does your company offer the same wage and fringe benefits for all employees servicing government contracts as commercial contracts?  
Yes  No

- (21) Does your business provide services pertaining to vehicle repair, hotel/motel services, and financial services involving cards, transportation of person, relocation services, real estate services, or maintenance, calibration, repair, and/or installation of equipment performed by the manufacturer or supplier of the equipment?  
Yes  No  Not Sure
- a.If yes, does your company sell the equipment or service to the general public?  
Yes  No
- b.Does your company sell the services based on established market prices or catalog prices?  
Yes  No
- c.Does your company offer the same wage and fringe benefits for all employees servicing government contracts as commercial contracts?  
Yes  No
- 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  No
- (22) Does your company currently do business with the Department of Defense?  
Yes  No
- (23) Is your company effectively owned or controlled by a foreign government?  
Yes  No
- (24) Does your company wish to be considered for status as a labor surplus area (LSA) concern? "Labor Surplus Area" means a geographical area identified by the Dept. of Labor as an area of concentrated unemployment or underemployment or an area of labor surplus.  
Yes  No

If yes, please indicate the state of the Labor Surplus Area

Federal Contractor Registry, Ltd. Requires an officer of the company to read and sign this worksheet.

***I attest to the above accuracy of the above information. I understand that I may be subject to penalties if I misrepresent my company in representations or certifications to the government.***

Print Name	Title
<input type="text"/>	<input type="text"/>

Signature	Date
<input type="text"/>	<input type="text"/>



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## SBA PROFILE FORM

Your firm is eligible to register with the U.S. Small Business Administration's central on-line registry of small businesses, if it is a small business, as defined below:

Definition of a Small Business

Title 13 of the Code of Federal Regulations, Part 121 states that a small business is one that:

1. Is organized for profit;
2. Has a place of business in the United States;
3. Operates primarily in the United States or makes a significant contribution to the United States economy by paying taxes or using American products, materials, or labor; and
4. Does not exceed the numerical size standard for its industry based on North American Industry Classification System (NAICS).

NOTICE: The Small Business Act provides severe penalties on parties who knowingly misrepresent their status as a "small business concern" in order to obtain for oneself or another certain Federal contracts or subcontracts. Such penalties include fines of not more than \$500,000 or imprisonment for not more than 10 years, or both; administrative remedies prescribed by the (program Fraud Civil Remedies Act of 1986 (136 U.S.C. 3801—3812); and suspension and debarment as specified in subpart 9.4 of title 48, Code of Federal Regulations (or any successor regulation) (see 15 U.S.C. 645 16(d)). Before submitting this registration, you will be asked to certify that your business is a small business and that you are aware of the penalties for misrepresenting small business status.

General Business Information					
Name of Firm			Trade Name ("Doing Business As...")		
Address 1		Address 2		<input type="radio"/> Main office <input type="radio"/> Branch office	
City		State		Zip/Zip+4	
Phone Number	Fax Number	E-Mail Address			
Contact person					
DUNS Number		Parent firm's DUNS number	Social Security number (SSN)		CAGE Code
Do you sell your products online? If so, what is the web address of your online store?					Year Established
State of Incorporation	Fiscal Year End Date	Average Number of Employees		Average Annual Gross Revenue	





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## Organizational Information

**Legal Structure**

Corporation (non tax exempt)   
  S Corp   
  Corporation (tax exempt)   
  Sole Proprietorship   
  Limited liability Corporation

Other \_\_\_\_\_

Partnership or Limited Liability Partnership

**Ownership**

<input type="checkbox"/> Self-Certified Small Disadvantaged Business <input type="checkbox"/> Veteran Owned Business <input type="checkbox"/> Service Disabled Veteran Owned Business <input type="checkbox"/> Woman Owned Business <input type="checkbox"/> Women-Owned Small Business <input type="checkbox"/> Economically Disadvantaged Women-Owned Small Business <input type="checkbox"/> Joint Venture Women-Owned Small Business <input type="checkbox"/> Joint Venture Economically Disadvantaged Women-Owned Small Business	<input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Asian-Pacific American Owned <input type="checkbox"/> Subcontinent Asian (Asian-Indian) American Owned <input type="checkbox"/> Black American Owned <input type="checkbox"/> Hispanic American Owned <input type="checkbox"/> Native American Owned <input type="checkbox"/> Other than one of the preceding
--	---

Principals (Owners) Name	Title

## Certifications

HUBZone Certified?	8(a) Case Number	8(a) Certified?	8(a) Joint Venture Certified?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Small Disadvantaged Business (SDB) Certified?     Yes     No

Disadvantaged Business Enterprise (DBE) certification with US Dept of Transportation (US DOT)?     Yes     No

Non Federal Government Certifications (NFGCs) include state certifications, such as State Certified Native American, or industry-related competence certifications, such as Microsoft Certified Systems Engineer, Cisco Certified Internetwork Expert, ColdFusion Certified Developer, Certified Public Accountant, Licensed Electrician, Registered Nurse, etc. Please abbreviate as needed. Examples: Cert Alaskan Nat Am, MSCE, CCIE, ColdFusion Cert Dev, CPA, Licensed Electrician, Registered Nurse, etc.






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General Products and Services	
Capabilities Narrative	Special Equipment/Materials
Construction Bonding Level, Aggregate: \$ (dollars, up to \$9,999,999,999)	
Construction Bonding Level, Per Contract: \$ (dollars, up to \$9,999,999,999)	
Service Bonding Level, Aggregate: \$ (dollars, up to \$9,999,999,999)	
Service Bonding Level, Per Contract: \$ (dollars, up to \$9,999,999,999)	
Percentage(s) of Business Type(s) [ 0.01 to 100.00, blank if zero, if any given, total must be 99.99 — 100.01%] _____ Construction _____ Manufacturing _____ Research and Development _____ Service	
Quality Assurance Standards <input type="checkbox"/> ANSI/ASQC Z1.4 <input type="checkbox"/> ISO-9000 Series <input type="checkbox"/> ISO 10012-1 <input type="checkbox"/> MIL-Q-9858 <input type="checkbox"/> MIL-STD-45662A	
Export Profile	
Exporter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Want to be	
<u>Business Activities</u> <input type="checkbox"/> Manufacturer <input type="checkbox"/> Financing <input type="checkbox"/> Distributor/Agent <input type="checkbox"/> Other <input type="checkbox"/> Broker (Intermediary) <input type="checkbox"/> Retailer <input type="checkbox"/> Service(s) <input type="checkbox"/> Consultant	<u>Desired Business Relationships</u> <input type="checkbox"/> Direct export sales <input type="checkbox"/> Contract manufacturing <input type="checkbox"/> Distributor/Importer <input type="checkbox"/> Joint venture/coventure <input type="checkbox"/> Representative/Agent/Broker <input type="checkbox"/> Wholly owned subsidiaries/branches <input type="checkbox"/> Overseas retailers <input type="checkbox"/> Alliances <input type="checkbox"/> Licensing <input type="checkbox"/> Investment <input type="checkbox"/> Franchising <input type="checkbox"/> Other (Please explain below)
Export Objective (Please Explain)	<b>Keywords</b> (Up to 20 characters in each keyword, comma separated, and up to 525 characters, total)
Countries (List All Countries)	
Primary NAICS Code	



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New Reference			
Name (up to 80 characters)			
Contract (up to 20 characters)	Start Date (MM/DD/YYYY format)	End Date (MM/DD/YYYY format)	Value (up to 20 characters)
Contact Name (up to 80 characters)			
Contact Phone (999-999-9999 format, extension may follow)		Display Order (1-3)	
New Reference			
Name (up to 80 characters)			
Contract (up to 20 characters)	Start Date (MM/DD/YYYY format)	End Date (MM/DD/YYYY format)	Value (up to 20 characters)
Contact Name (up to 80 characters)			
Contact Phone (999-999-9999 format, extension may follow)		Display Order (1-3)	
New Reference			
Name (up to 80 characters)			
Contract (up to 20 characters)	Start Date (MM/DD/YYYY format)	End Date (MM/DD/YYYY format)	Value (up to 20 characters)
Contact Name (up to 80 characters)			
Contact Phone (999-999-9999 format, extension may follow)		Display Order (1-3)	
By submitting this form, I certify that:			
<ol style="list-style-type: none"> <li>1. The firm is a small business under the size standards(s) for the listed NAICS code(s) as provided under 13 C.F.R. Part 121;</li> <li>2. This firm, including its principals with primary management responsibilities, has not been debarred or suspended from fundraising materials, supplies or services to the Federal Government;</li> <li>3. The characteristics of the firm's ownership are accurately reflected in the Central Contractor Registration (CCR) profile;</li> <li>4. I have personally reviewed all of the information provided in the profile and believe that it is true and correct;</li> <li>5. I am aware that the Small Business Act provides severe penalties on parties who knowingly misrepresent their status as a "Small business concern" in order to obtain for oneself or another certain Federal contracts and subcontracts. Such penalties include fines of not more than \$500,000 or imprisonment for not more than 10 years, or both; administrative remedies prescribed by the Program Fraud Civil Remedies Act of 1986 (32 U.S.C. 3801-3812); and suspension and debarment as specified in subpart 9.4 of the title 48, code of Federal Regulations (or any successor regulation)(see 15 U.S.C. 645 16(d)); and</li> <li>6. I am authorized to make this certification on behalf of this firm.</li> </ol>			
Print Name/Signature			Date