



FEDERAL CONTRACTOR REGISTRY

Please fill out this form completely and email to inbound@samccr.com or fax to 1-202-568-6401.
All fields MANDATORY unless not applicable.

Instructions: You can fill out this worksheet online or print the blank form and complete it manually.
PLEASE PRINT & SIGN BEFORE SENDING!

I. GENERAL INFORMATION

Name

Title

Direct Phone

Email

DUNS Number (if available) CAGE Code

SAM Renewal Information

If you are renewing your registration, we need access to your SAM login to add/change information for the renewal process. If the information is not available, please check the box and we will contact you to reset access.

SAM Username SAM Password

MPIN Security Answer

Email Linked to SAM Account

I need assistance accessing my existing SAM account

CAGE Ownership

If you have an existing CAGE Code, is it held by someone who is a parent company or do you have a shared facility or common employees? Yes No

If Yes, is your company owned or controlled by a parent company with the CAGE code: Yes No

II. COMPANY TAX INFORMATION

EIN/TIN Last Tax Year Filed

Taxpayer name exactly as it appears on your tax return

Owner Information (if sole proprietor)

Name

SSN

Phone

Email

Company Information

Legal Business Name

Doing Business As (DBA)

Website/URL

Phone Number

Fax

Company Email

Physical Address

Street

City

State Zip

County

Country

Mailing Address

Check if same as physical address

Street

City

State Zip

County

Country



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III. BUSINESS INFORMATION

State/Country of Incorporation

Please select one of the following that best describes your organizations profit structure.

- For-Profit Organization
- Non-Profit Organization
- Other Non-Profit Organization

Does your organization qualify as any of the following?(Check all that apply)

- Certified Department of Transportation (DOT) Disadvantaged Business Enterprise
- Community Development Corporation
- Domestic Shelter
- Foundation
- Hospital
- Veterinary Hospital
- 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
- Not Applicable

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
- Native Hawaiian Organization Owned Firm
- Indian Tribe (Federally Recognized)

Business Start Date

(mm/dd/yy)

Fiscal Year End Date

(mm/dd)

Is your business/organization one of the following? (If none are applicable, select Not Applicable)

- Foreign Owned and Located
- Small Agricultural Cooperative
- Limited Liability Company
- Subchapter S Corporation
- Manufacturer of Goods
- Not Applicable

Please indicate the form of your Business or Organization (As Defined by the IRS)

- Corporate Entity, Not Tax Exempt
- Corporate Entity, Tax Exempt
- Partnership or Limited Liability Partnership
- Sole Proprietorship
- International Organization
- US Local Government Other

Special Business Classifications (check all that apply)

- 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
- Community Development Owned Firm
- Minority Owned Business
 - Asian-Pacific American Owned
 - Subcontinent Asian (Asian-Indian) American Owned
 - Black American Owned
 - Hispanic American Owned
 - Other than one of the preceding



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IV. FINANCIAL INFORMATION

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

Do you accept credit cards as a form of payment? Yes No

Financial Institution Name

ABA Routing No. (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 (Payment) Address

Business Name

Address

City State Zip

If your business or organization received: (1) 80% or more your 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.

a) Name

Title

Yearly Salary

b) Name

Title

Yearly Salary

c) Name

Title

Yearly Salary

d) Name

Title

Yearly Salary

e) Name

Title

Yearly Salary

(1) 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?

Yes No

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

- a) Criminal proceeding resulting in a conviction or other acknowledgement of fault;
b) 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
c) 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.

Yes No

(3) Do you wish to opt out from displaying your information on the SAM search page? Banking information is never shown. Selecting YES will limit your opportunities.

Yes No



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V. 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:

Size Metrics

World-Wide Organizational data, including all applicable affiliates (Required). The following information will be used to derive your business size status based on SBA size standards.

World Wide

Total Receipts (3 year average)

Average number of employees
(12 month average)

Location(optional)

Total Receipts (3 year average)

Average number of employees
(12 month average)

(1) Do you wish to enter EDI (Electronic Data Interchange) information for your entity?

Yes No

If you selected YES, please complete the following.

EDI VAN provider:

ISA Qualifier:

ISA Identifier:

Functional Group Identifier:

820s Request Flag: Yes No

(2) Do you wish to enter Disaster Relief Data for your entity? If yes, additional information may be required.

Yes No

(3) Who are the person(s) within your company responsible for determining prices offered in bids/proposals?

(1) Name

Title

(2) Name

Title

(4) Does your company have other plants/facilities at different addresses routinely used to perform on contracts? If yes, please provide the performance address and owners name for each location. (If multiple locations please attach a separate paper with all locations)

Yes No

Address

City State Zip

Owners Name

(5) 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?

Yes No Not Sure



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(19) Has your company filed all required Equal Employment Opportunity compliance reports?

Yes No Not Required

(20) Has your company held previous contracts subject to affirmative action program requirements?

Yes No

(21) Has your company developed and have on file affirmative action programs required by your Secretary of State?

Yes No

(22) Does your company provide maintenance, calibration, and/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/service to the general public?

Yes No

(b) Does your company sell the services based on established catalog or market prices?

Yes No

(c) Does your company have the same wage/fringe benefits for all employees servicing Government & Commercial Contracts?

Yes No

(23) Does your company wish to bid on, or currently hold any DoD-issued or DoD-funded contracts?

Yes No

If yes, does your company anticipate that supplies will be transported by sea?

Yes No

Does your company represent prices set in this contract are controlled by a foreign government and don't include contingency allowances to pay for possible increases in wage rates or material prices?

Yes No

(24) Is your company effectively owned or controlled by a foreign government?

Yes No

If yes, please provide a disclosure point of contact and information about the entity controlled the foreign government:

Name

Phone Number

International Code

(25) Does your business provide services pertaining to vehicle repair, hotel/motel services, financial services issuing credit/debit 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 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 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

(d) Does your company offer the same wage and fringe benefits for all employees servicing government contracts as commercial contracts?

Yes No



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VI. POINT OF CONTACT

Government Business (POC) PRIMARY

Title

Name

Email

Phone (US)

Ext

Fax

Electronic Business (POC) PRIMARY

Title

Name

Email

Phone (US)

Ext

Fax

Government Business (POC) ALTERNATE (optional)

Title

Name

Email

Phone (US)

Ext

Fax

Electronic Business (POC) ALTERNATE (optional)

Title

Name

Email

Phone (US)

Ext

Fax

Account Receivables Point of Contact (POC)

Title

Name

Email

Phone (US)

Ext

Fax

Past Performance (POC) (optional)

Title

Name

Email

Phone (US)

Ext

Fax

Federal Contractor Registry 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

Signature

Date

ATTENTION: Please PRINT & SIGN before sending to avoid delays in registration.