Central Contractor Registration (CCR)

New Registration Screenshots

April 2009

Welcome to CCR

Select Entity Type

Start New Registration Information—Four Key Items Needed to Start

Enter DUNS Number

Enter Your Organization's Name and Address

When Your Input Doesn't Match D&B Sufficiently

CCR New Registration Verification

Associate Your DUNS with a CCR User Account

If you already have an account, click Sign in button:

Sign in with User ID and Password

User Account Page: Click Add New Registration or Enter DUNS

Or Create User Account

Create Your User Account

Create your user account

User Profile Information

User ID	testuser1 *
First Name	*
Last Name	*
Address One	
Address Two	
City	
Postal Code	
Country	
State/Province	
Telephone Number	*
	☐ This is an International Phone Number
Telephone Extension	
Fax Number	
Email Address	*

* Required

The email address may be changed once you have finished creating your user account and linked your DUNS number to that account. Please proceed to answer five security questions by clicking "Next" below.

[Next] [Cancel]

Enter User Profile Information

Create your user account

Answer security questions

You must answer five questions.

CCR recommends single word answers. If you answer one incorrectly, continue to add more questions until you have at least six answered. A Delete button will be available after you select six questions.

New Security Question [Click drop down arrow to select Security Question --> ▼] Your Answer

[ ] [Add Security Question]

If you time out before completing this page (20 minutes), do the following:

Go to the Homepage and click "Update or Renew Registration".
Select the appropriate entity and click "Continue".
Select User Account Login.
Enter your User ID and Password and click on "Log In".

Select "Manage Security Questions" button at the top of your user account data to finish answering the five questions.

[Next] [Cancel]

Select and Answer Five Security Questions

Create your user account

Answer security questions

You must answer five questions.

Question	Answer
What is your oldest sibling's birthday month and year? (e.g., January 1900) ▼	February 1951
What was the name of your first pet? ▼	Gypsy
As a child, what did you want to be when you grew up? ▼	veterinarian
What is the street number of the house you grew up in? ▼	24
What is the make of your first vehicle? ▼	Chevy

CCR recommends single word answers. If you answer one incorrectly, continue to add more questions until you have at least six answered. A Delete button will be available after you select six questions.

New Security Question [Click drop down arrow to select Security Question --> ▼] Your Answer [ ]
[Add Security Question]

If you time out before completing this page (20 minutes), do the following:

Go to the Homepage and click "Update or Renew Registration".
Select the appropriate entity and click "Continue".
Select User Account Login.
Enter your User ID and Password and click on "Log In".

Select "Manage Security Questions" button at the top of your user account data to finish answering the five questions.

[Next] [Cancel]

Five Questions Answered: Click Next

Create your user account

Select the "Next" button below to save your user account information and continue creating or editing your Trading Partner Profile or annual validation.

Next

User profile successfully created: click Next

New Registration

Congratulations, your DUNS number has verified. You are now logged into CCR; however, your registration has not yet been saved. Press the "Continue" button to create your registration in an incomplete state. You may then continue on or return at any future point and resume where you left off.

Continue

DUNS Verified, Account Created

Instructions Page

General Information Page

Create POC Template

The information you enter below can be automatically copied to any Point of Contact in CCR by clicking the [Paste POC Template] button in the desired Point of Contact.

Click here to pre-populate this template with the Mailing Address contact information.

Template Fields

Name:

E-mail Address:

Address Line 1:

Address Line 2:

City:

State: U.S. State Code / Canadian Province list

Province:

Zip/Postal Code: U.S. Zip+4 Code Look-up

Country:

U.S. Phone Number:

Telephone Extension:

Non-U.S. Phone Number:

Fax Number:

Cancel   Save

Create POC Template

System Error Messages Displayed

Corporate Information Page

Select Organization Type: U.S. Federal, State, Local, Tribal, or Foreign Government entity/agency

Organization Type

✳ **Please categorize your organization:**
- ◉ U.S. Federal, State, Local, Tribal, or Foreign Government entity/agency
- ○ Business or Organization

Type of Government

✳ **Please select your type of Government Entity.**

- ○ Federal Government (If selected, choose all subgroups that apply)
  - ☐ Federal Agency
  - ☐ Federally Funded Research and Development Corporation
- ○ U.S. State Government
- ○ U.S. Local Government (If selected, choose all subgroups that apply)
  - ☐ City
  - ☐ County
  - ☐ Inter-municipal
  - ☐ Local Government Owned
  - ☐ Municipality
  - ☐ School District
  - ☐ Township
- ○ Tribal Government
- ○ Foreign Government

✳ **Is your organization/entity one of the following? (Optional information. Check if the types apply to your organization.)**

- ☐ Airport Authority
- ☐ Council of Governments
- ☐ Housing Authorities Public/Tribal
- ☐ Interstate Entity
- ☐ Planning Commission
- ☐ Port Authority
- ☐ Transit Authority

Other Business Factors (Optional Information)

✳

Does your Organization qualify as one of the following? (Optional information. Check if the types apply to your organization.)

- ☐ Community Development Corporation
- ☐ Domestic Shelter
- ☐ Educational Institution
- ☐ Foundation
- ☐ Hospital
- ☐ Veterinary Hospital

If your Organization is an Education Entity, does it qualify as one of the following? (Optional information. Check if the types apply to your organization.)

- ☐ 1862 Land Grant College
- ☐ 1890 Land Grant College
- ☐ 1994 Land Grant College
- ☐ Historically Black College or University (HBCU)
- ☐ Minority Institutions
- ☐ Private University or College
- ☐ School of Forestry
- ☐ Hispanic Servicing Institution
- ☐ State Controlled Institution of Higher Learning
- ☐ Tribal College
- ☐ Veterinary College
- ☐ Alaskan Native Servicing Institution (ANSI)
- ☐ Native Hawaiian Servicing Institution (NHSI)

What is the Nature of your organization's Business? (Optional information. Check all that apply)

- ☐ Architecture and Engineering (A&E)
- ☐ Construction Firm
- ☐ Manufacturer of Goods
- ☐ Research and Development
- ☐ Service Provider

Is your business certified by a state certifying agency as a Department of Transportation (DOT) Disadvantaged Business Enterprise (DBE)?

- ☐ Yes - DoT Certified DBE

If your organization is a Federally Recognized Native American Entity, check all that apply.)

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

Validate/Save Data

Type and Business Factors Displayed for Government Organization

Select Organization Type: Business or Organization

Organization Type

❋ Please categorize your organization:
- ○ U.S. Federal, State, Local, Tribal, or Foreign Government entity/agency
- ⊙ Business or Organization

Organizational Structure

❋ Please indicate the form of your Business or Organization as defined by the IRS. (Check one)

- ○ Corporate Entity, Not Tax Exempt (Firm pays U.S. Federal Income Taxes or U.S. Possession Income Taxes)
- ○ Corporate Entity, Tax Exempt (Firm does not pay U.S. Federal Income Taxes nor U.S. Possession Income Taxes)
- ○ Partnership or Limited Liability Partnership
- ○ Sole Proprietorship
- ○ International Organization
- ○ Other

Check one if applicable.
- ☐ Limited Liability Company (if applicable)
- ☐ Subchapter S Corporation (if applicable)

Business Information

❋ Is your Business/Organization one of the following?

- ☐ Foreign Owned and Located
- ☐ Small Agricultural Cooperative

❋ What is your Organization's Profit Structure? Please check one of the following.

- ○ For-Profit Organization
- ○ Nonprofit Organization
- ○ Other Not for Profit Organization

❋ If your business qualifies in one of the following Socio-Economic Categories, check all that reflect the current status of your business. Small Business status will automatically be derived from the receipts, number of employees, assets, or megawatt hours, and NAICS codes entered in the General Information portion of the registration.

- ☐ Community Development Corporation Owned Firm
- ☐ Labor Surplus Area Firm

❋ These categories require that the firm is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group.

- ☐ Self Certified Small Disadvantaged Business
- ☐ Veteran Owned Business
  - ☐ Service Disabled Veteran Owned Business
- ☐ Woman Owned Business
- ☐ Minority Owned Business(If selected then one sub-type is required.)
  - ○ 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

Other Business Factors (Optional Information)

❋

Does your Organization qualify as one of the following? (Optional information, Check if the types apply to your organization.)
- ☐ Community Development Corporation
- ☐ Domestic Shelter
- ☐ Educational Institution
- ☐ Foundation
- ☐ Hospital
- ☐ Veterinary Hospital

If your Organization is an Education Entity, does it qualify as one of the following? (Optional information, Check if the types apply to your organization.)
- ☐ 1862 Land Grant College
- ☐ 1890 Land Grant College
- ☐ 1994 Land Grant College
- ☐ Historically Black College or University (HBCU)
- ☐ Minority Institutions
- ☐ Private University or College
- ☐ School of Forestry
- ☐ Hispanic Servicing Institution
- ☐ State Controlled Institution of Higher Learning
- ☐ Tribal College
- ☐ Veterinary College
- ☐ Alaskan Native Servicing Institution (ANSI)
- ☐ Native Hawaiian Servicing Institution (NHSI)

What is the Nature of your organization's Business? (Optional information, Check all that apply)
- ☐ Architecture and Engineering (A&E)
- ☐ Construction Firm
- ☐ Manufacturer of Goods
- ☐ Research and Development
- ☐ Service Provider

Is your business certified by a state certifying agency as a Department of Transportation (DOT) Disadvantaged Business Enterprise (DBE)?
- ☐ Yes - DoT Certified DBE

If your organization is a Federally Recognized Native American Entity, check all that apply.)
- ☐ Alaskan Native Corporation Owned Firm
- ☐ American Indian Owned
- ☐ Indian Tribe (Federally Recognized)
- ☐ Native Hawaiian Organization Owned Firm
- ☐ Tribally Owned Firm

[Validate/Save Data]

Organization Structure, Business Information, and Other Factors for Organization Displayed

Corporate Entity Selected on Corporate Information page:

Organizational Structure

✱ **Please indicate the form of your Business or Organization as defined by the IRS. (Check one)**

◉ Corporate Entity, Not Tax Exempt (Firm pays U.S. Federal Income Taxes or U.S. Possession Income Taxes)
○ Corporate Entity, Tax Exempt (Firm does not pay U.S. Federal Income Taxes nor U.S. Possession Income Taxes)
○ Partnership or Limited Liability Partnership
○ Sole Proprietorship
○ International Organization
○ Other

Check one if applicable.
☐ Limited Liability Company (if applicable)
☐ Subchapter S Corporation (if applicable)

Incorporation

Required if you selected "Corporate Entity" as Type of Organization

✱ State of Incorporation: [   ] (USA Only)

U.S. State code list

✱ Country of Incorporation: [▼]

Incorporation Section Displayed

Sole Proprietorship Selected on Corporate Entity Page:

Organizational Structure

✳ **Please indicate the form of your Business or Organization as defined by the IRS. (Check one)**

○ Corporate Entity, Not Tax Exempt (Firm pays U.S. Federal Income Taxes or U.S. Possession Income Taxes)
○ Corporate Entity, Tax Exempt (Firm does not pay U.S. Federal Income Taxes nor U.S. Possession Income Taxes)
○ Partnership or Limited Liability Partnership
◉ Sole Proprietorship
○ International Organization
○ Other

Check one if applicable.
☐ Limited Liability Company (if applicable)
☐ Subchapter S Corporation (if applicable)

✳ Sole Proprietorship Point of Contact

Required if you selected "Sole Proprietorship" as Type of Organization

Create POC Template   Paste POC Template

Name:

E-mail Address:

U.S. Phone Number:

Telephone Extension:

Non-U.S. Phone Number:

Fax Number:

Sole Proprietorship Point of Contact Section Displayed

Goods/Services Page

Financial Information Page

Points of Contact Page—Part 1

Points of Contact Page—Part 2

Points of Contact Page—Part 3

IRS Consent Page

Successful Registration Finish
Or

Registration Complete

Send To Printer

NOTE: If you would like a print out of your entire Trading Partner Profile for your records, please click on View TPP within the Registration Tools menu on the left side of your screen and use the "Send To Printer" button there.

You have changed items in CCR that may affect your ORCA record. Please allow 48 hours for your changes in CCR to become effective and then visit ORCA at HTTPS://ORCA.BPN.GOV to complete this update.

You have successfully finished your CCR Registration!!!

All of your CCR data has been saved and is now being processed, which could take 24-48 hours. If you want to fill out the optional information, or continue to make changes to your CCR profile, please use the [Registration Menu] located on the left of your screen.

Note: Your firm's profile information indicates that it has qualified for one or more SBA Small Business Types. Select the [View your SBA Small Business Types] button for more details.

Please select the [Register or Update your SBA Profile] button to complete SBA's supplemental page. If you are applying for certification as a HUBZone, Small Disadvantaged Business, or the 8(a) Business Development Program, you must complete the SBA Supplemental page.

SBA View your SBA Small Business Types   SBA Register or Update your SBA Profile

For Official Use Only.

**Successful Registration Finish—Qualified for one or more
SBA Small Business Types**

Record resides in Federal Agency Registration (FedReg):

DUNS Number in FedReg Message

EDI Information

The EDI Information is OPTIONAL Information. If you are NOT currently using a Value Added Network (VAN) do not fill out this page.

If you came here by mistake, you can select a different page from the "Registration Menu" located on the left of your screen, or click here to quit CCR Update.

Completing this EDI section of the CCR application DOES NOT make you EDI compliant. In order to successfully complete the Electronic Commerce Interoperability Process (ECIP), you must utilize an authorized Value-Added-Network (VAN) connected to the DoD Electronic Commerce Infrastructure (ECI).

You can obtain a list of authorized Value-Added-Networks (VANs) connected to the DoD Electronic Commerce Infrastructure (ECI): https://www.daas.dla.mil/daashome/edi-vanlist-dla.asp.

⚠ Missing or Invalid Data	✳ Required Data	V View-Only Data (Edits not allowed)

EDI Information

Value Added Network (VAN) Provider: [dropdown]

Interchange ID (ISA) Qualifier: [dropdown]

Interchange Sender ID (ISA) Identifier: [_____]

Interchange Sender ID (ISA06) Identifier - value corresponding to company's qualifier selected for EDI transactions. No dashes, spaces, or special characters.

Functional Group (GS02) Identifier: [_____]

Functional Group (GS02) Identifier - this further defines the company's identifiers for the addressing of EDI transactions. No dashes, spaces, or special characters.

Request 820s ○ Yes ◉ No

Do you want to receive Remittance Advice Notices (820s) through your Value Added Network provider?

✳ EDI Point of Contact

This is the individual within the company that should be contacted if there are any specific EDI concerns. Please provide an individual's name and at least one method of contact.

Create POC Template   Paste POC Template

Name: [_____]

E-mail Address: [_____]

U.S. Phone Number: [_____]

Telephone Extension: [_____]

Non-U.S. Phone Number: [_____]

Fax Number: [_____]

[Validate/Save Data]   [Delete EDI Information]

For Official Use Only.

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.
Version 4.08.2.3.

Registration Tools
- Instructions
- Delete Profile
- Show Errors
- Renew Profile
- View TPP
- Quit CCR

Registration Menu

Required Information	Status
General Information	✓
Corporate Information	✓
Goods / Services	✓
Financial	✓
Points of Contact	✓
IRS Consent	✓
Optional Information	Status
EDI	NR
Disaster Response	NR
DUNS +4	NR
D&B Monitoring	Status
D&B Monitoring	✓

Registration Status
New Registration

System Messages

EDI Information Page

Disaster Response Page

DUNS + 4 Information Page

D&B Monitoring Information Page—Mandatory

D&B Monitoring is Mandatory for Monitored Countries

CCR - Dun & Bradstreet Monitoring Information

D&B Monitoring is OPTIONAL information. Your CCR information currently matches what is on file at Dun and Bradstreet. You may continue on with your CCR registration by choosing a different page from the [Registration Menu] located on the left of the screen.

If you wish to have your Legal Business Name (LBN), Doing Business As (DBA), or Physical Address changed in CCR, you will need to contact D&B. Any changes made to your information at D&B can take 2-5 business days before it is made available to CCR. In order for those new changes at D&B to take effect in your CCR registration you will have to come back in and update your CCR profile and accept the changes made by D&B.

	CCR Data	D&B Data
Legal Business Name:	LOCKHEED MARTIN AIRCRAFT ARGENTINA S.A.	LOCKHEED MARTIN AIRCRAFT ARGENTINA S.A.
Doing Business As:		
Physical Street Address 1:	AVENIDA FUERZA AÉREA ARGENTINA 5500	Avenida Fuerza Aérea Argentina 5500
Physical Street Address 2:		
City:	CÓRDOBA	Córdoba
State:		
ForeignProvince:		
Zip+4/Postal Code:		X5010JMN
Country:	ARG	ARG

Is the information displayed from D&B correct?

Yes No

D&B Monitoring Information Page—Optional

D&B Monitoring is Optional for Non-Monitored Countries or U.S. Territories
(American Samoa, Guam, Northern Mariana Is, Puerto Rico, Virgin Islands, U.S.)

Dun & Bradstreet indicates company out of business:

D&B Out of Business Indicator Message

User Account Pages:

Edit User Profile

Change Password

Manage Security Questions

New Registration

Manage Users