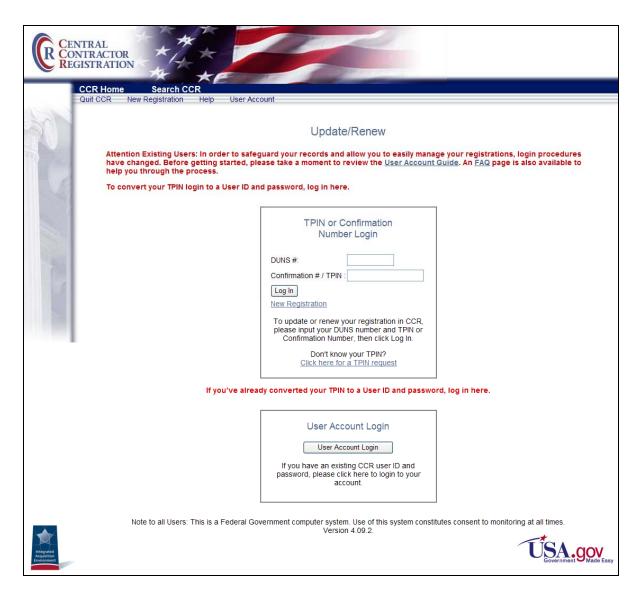
Central Contractor Registration (CCR) Update Screenshots April 2009



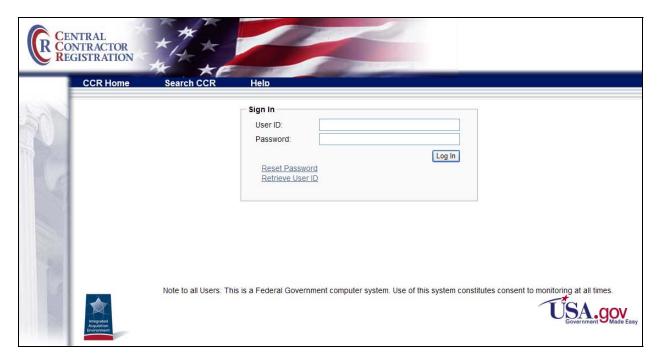
Welcome to CCR



Update or Renew Selection Page: Select Entity



Login Selection Page



User Account Login



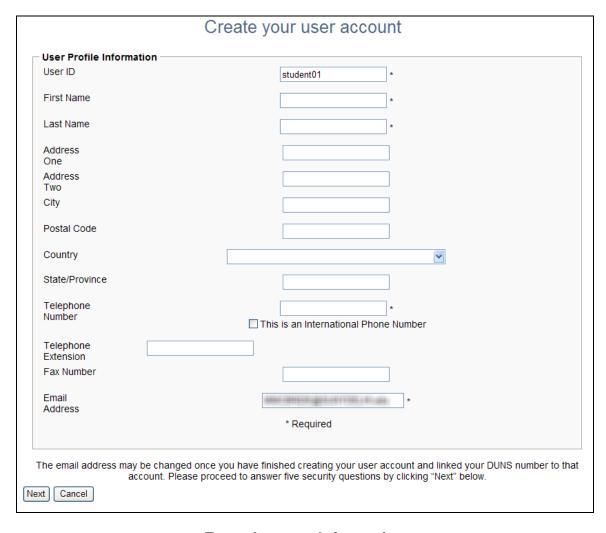
TPIN or Confirmation Number Login Result



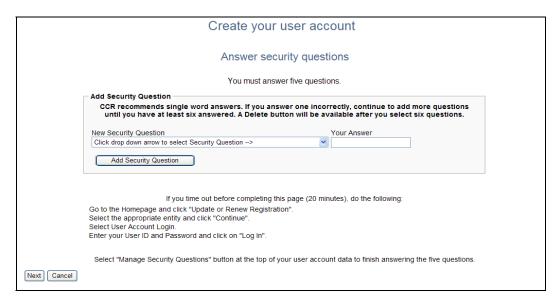
Verify Your Email Address



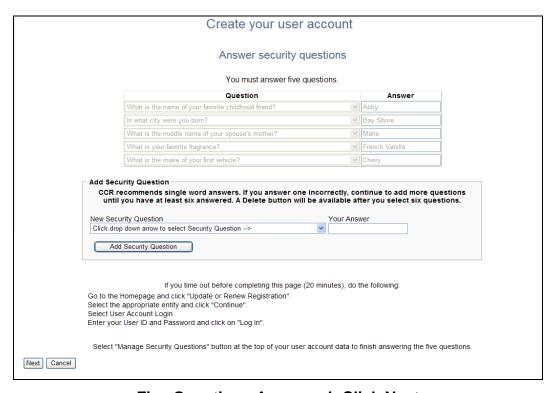
Create Your User Account



Enter Account Information



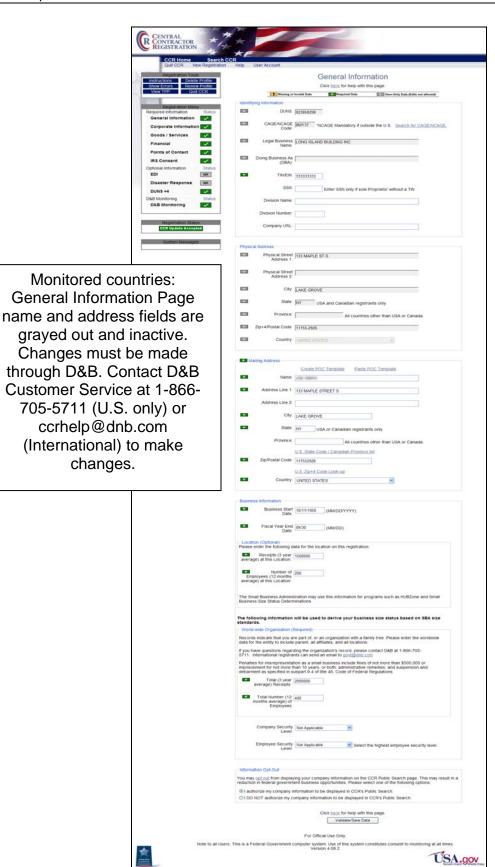
Answer at Least Five Security Questions



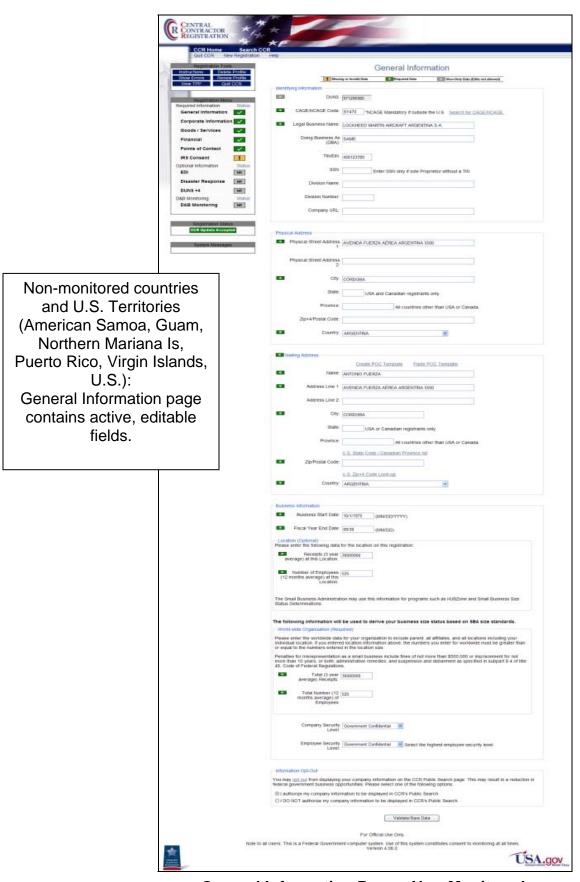
Five Questions Answered: Click Next



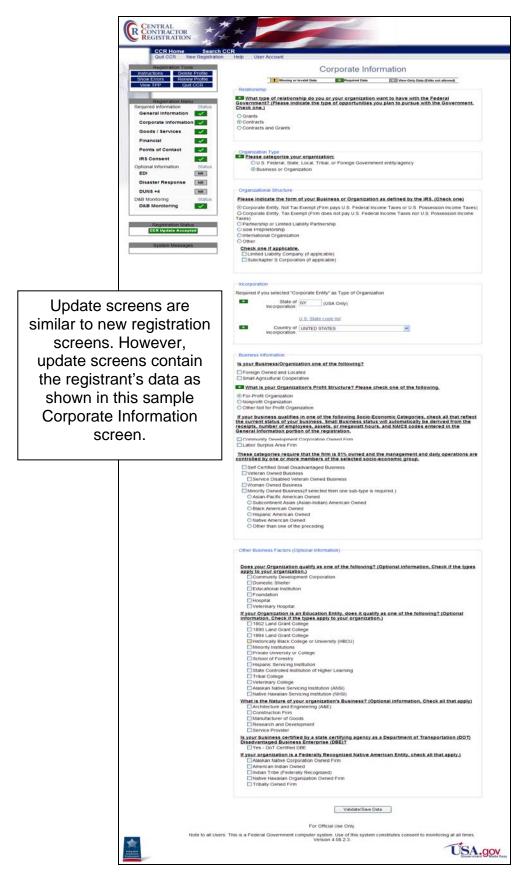
Save User Account Information and Continue: Click Next



Registration > Edit: General Information Page—Monitored



General Information Page—Non-Monitored



Corporate Information

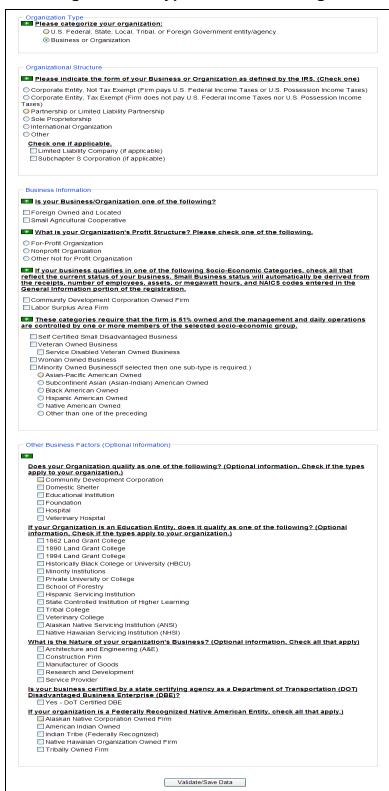
The Corporate Information page contains user-defined components as shown in the following screenshots.

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

Please categorize your organization:		
Type of Government		
Please select your type of Governm	nent Entity.	
Federal Government (If selected, choo		
Federal Agency	ose all subgroups that apply)	
Federally Funded Research and De	evelopment Corporation	
 U.S. State Government 		
OU.S. Local Government (If selected, ch	noose 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 our organization.)	ne following? (Optional information. Check if the types apply	
Airport Authority		
Council of Governments		
☐ Housing Authorities Public/Tribal		
Interstate Entity		
Planning Commission		
☐ Port Authority ☐ Transit Authority		
apply to your organization.) ☐ Community Development Corporation ☐ Domestic Shelter	on	
Educational Institution		
Educational Institution		
Foundation		
☐ Foundation ☐ Hospital		
Foundation Hospital Veterinary Hospital If your Organization is an Education E	ntity, does it qualify as one of the following? (Optional	
Foundation Hospital Veterinary Hospital If your Organization is an Education Einformation, Check if the types apply		
Foundation Hospital Veterinary Hospital If your Organization is an Education E		
Foundation Hospital Veterinary Hospital If your Organization is an Education Einformation, Check if the types apply 1862 Land Grant College		
Foundation Hospital Veterinary Hospital If your Organization is an Education E information. Check if the types apply 1862 Land Grant College 1890 Land Grant College 1994 Land Grant College Historically Black College or Univers	to your organization.)	
Foundation Hospital Veterinary Hospital If your Organization is an Education Einformation. Check if the types apply 1862 Land Grant College 1890 Land Grant College Historically Black College or Univers Minority Institutions	to your organization.)	
Foundation Hospital Veterinary Hospital If your Organization is an Education E information. Check if the types apply 1862 Land Grant College 1890 Land Grant College 1994 Land Grant College Historically Black College or Univers Minority Institutions Private University or College	to your organization.)	
Foundation Hospital Veterinary Hospital If your Organization is an Education Einformation. Check if the types apply 1862 Land Grant College 1890 Land Grant College Historically Black College or Univers Minority Institutions	to your organization.)	
Foundation Hospital Veterinary Hospital If your Organization is an Education E information, Check if the types apply 1862 Land Grant College 1990 Land Grant College 1994 Land Grant College Historically Black College or Univers Minority Institutions Private University or College School of Forestry Hispanic Servicing Institution State Controlled institution of Higher	to your organization.) Sity (HBCU)	
Foundation Hospital Veterinary Hospital If your Organization is an Education Einformation, Check if the types apply 1862 Land Grant College 1890 Land Grant College Historically Black College or Univers Minority Institutions Private University or College School of Forestry Hispanic Servicing Institution State Controlled Institution of Higher	to your organization.) Sity (HBCU)	
Foundation Hospital Veterinary Hospital If your Organization is an Education Einformation, Check if the types apply 1862 Land Grant College 1890 Land Grant College Historically Black College or Univers Minority Institutions Private University or College School of Forestry Hispanic Servicing Institution State Controlled Institution of Higher Tribal College Veterinary College	to your organization.) sity (HBCU) r Learning	
Foundation Hospital Veterinary Hospital If your Organization is an Education Einformation, Check if the types apply 1862 Land Grant College 1980 Land Grant College 1994 Land Grant College Historically Black College or Univers Minority Institutions Private University or College School of Forestry Hispanic Servicing Institution State Controlled Institution of Higher Tribal College Veterinary College Alaskan Native Servicing Institution	to your organization.) sity (HBCU) r Learning (ANSI)	
Foundation Hospital Veterinary Hospital If your Organization is an Education E information, Check if the types apply 1862 Land Grant College 1990 Land Grant College Historically Black College or Univers Minority Institutions Private University or College School of Forestry Hispanic Servicing Institution State Controlled Institution of Higher Tribal College Veterinary College Alaskan Native Servicing Institution Native Hawaiian Servicing Institution	to your organization.) ity (HBCU) r Learning (ANSI) 0 (NHSI)	
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Foundation Hospital Veterinary Hospital If your Organization is an Education E information, Check if the types apply 1862 Land Grant College 1990 Land Grant College Historically Black College or Univers Minority Institutions Private University or College School of Forestry Hispanic Servicing Institution State Controlled Institution of Higher Tribal College Veterinary College Alaskan Native Servicing Institution Native Hawaiian Servicing Institution	to your organization.) ity (HBCU) r Learning (ANSI) 1 (NHSI) 2 (NHSI) 2 (NHSI) 2 (NHSI) 3 (NHSI) 5 (Susiness? (Optional information, Check all that apply)	
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Foundation Hospital Veterinary Hospital If your Organization is an Education E information, Check if the types apply 1880 Land Grant College 1890 Land Grant College Historically Black College or Univers Minority Institutions Private University or College School of Forestry Hispanic Servicing Institution State Controlled Institution of Higher Tribal College Veterinary College Alaskan Native Servicing Institution Native Hawaiian Servicing Institution Native Hawaiian Servicing Institution Architecture and Engineering (A&E) Construction Firm Manufacturer of Goods Research and Development	to your organization.) ity (HBCU) r Learning (ANSI) 1 (NHSI) 2 (NHSI) 2 (NHSI) 2 (NHSI) 3 (NHSI) 5 (Susiness? (Optional information, Check all that apply)	
Foundation Hospital Veterinary Hospital If your Organization is an Education Einformation, Check if the types apply 1862 Land Grant College 1890 Land Grant College Historically Black College or Univers Minority Institutions Private University or College School of Forestry Hispanic Servicing Institution State Controlled Institution of Higher Tribal College Veterinary College Alaskan Native Servicing Institution Native Hawaiian Servicing Institution What is the Nature of your organizatic Architecture and Engineering (A&E) Construction Firm Manufacturer of Goods Research and Development Service Provider	to your organization.) isity (HBCU) r Learning (ANSI) (NHSI) on's Business? (Optional information, Check all that apply)	
Foundation Hospital Veterinary Hospital If your Organization is an Education Einformation, Check if the types apply 1862 Land Grant College 1890 Land Grant College Historically Black College or Univers Minority Institutions Private University or College School of Forestry Hispanic Servicing Institution State Controlled Institution of Higher Tribal College Veterinary College Alaskan Native Servicing Institution Native Hawaiian Servicing Institution What is the Nature of your organizatic Architecture and Engineering (A&E) Construction Firm Manufacturer of Goods Research and Development Service Provider	to your organization.) sity (HBCU) r Learning (ANSI) 1 (NHSI) 2015 Business? (Optional information, Check all that apply) 1 (NHSI) Control of the con	
Foundation Hospital Veterinary Hospital Veterinary Hospital Veterinary Hospital Fyour Organization is an Education Einformation. Check if the types apply 1862 Land Grant College 1890 Land Grant College 1890 Land Grant College Historically Black College or Univers Minority Institutions Private University or College School of Forestry Hispanic Servicing Institution of Higher Tribal College Veterinary College Veterinary College Alaskan Native Servicing Institution Native Hawaiian Servicing Institution Manufacturer of Your organization Architecture and Engineering (A&E) Construction Firm Manufacturer of Goods Research and Development Service Provider Is your business Certified by a state of 1915 1916 1917 1917 1918 1918 1918 1918 1919 1919 1919	to your organization.) sity (HBCU) r Learning (ANSI) 1 (NHSI) 2015 Business? (Optional information, Check all that apply) certifying agency as a Department of Transportation (DOT)	
Foundation Hospital Veterinary Hospital If your Organization is an Education E information, Check if the types apply 1862 Land Grant College 1890 Land Grant College Historically Black College or Univers Minority Institutions Private University or College School of Forestry Hispanic Servicing Institution State Controlled Institution of Higher Tribal College Veterinary College Alaskan Native Servicing Institution Native Hawaiian Servicing Institution Maris the Nature of your organizatic Architecture and Engineering (A&E) Construction Firm Manufacturer of Goods Research and Development Service Provider Souries Certified by a state of Disadvantaged Business Enterprise Yes - Dot Certified DBE If your Dusiness Certified DBE If your organization is a Federally Rec	to your organization.) sity (HBCU) r Learning (ANSI) 1 (NHSI) 2015 Business? (Optional information, Check all that apply) 2016 Certifying agency as a Department of Transportation (DOT) (DBE)? cognized Native American Entity, check all that apply.)	
Foundation Hospital Veterinary Hospital Veterinary Hospital Veterinary Hospital Fyour Organization is an Education information, Check if the types apply 1862 Land Grant College 1890 Land Grant College 1994 Land Grant College Historically Black College or Univers Minority Institutions Private University or College School of Forestry Hispanic Servicing Institution of Higher Tribal College Veterinary College Veterinary College Alaskan Native Servicing Institution Native Hawaiian Servicing Institution Native Hawaiian Servicing Institution Architecture and Engineering (A&E) Construction Firm Manufacturer of Goods Research and Development Service Provider Is your business certified by a state of isadvantaged Business Enterprise Yes - DoT Certified DBE If your organization is a Federally Red Alaskan Native Corporation Owned	to your organization.) sity (HBCU) r Learning (ANSI) (NHSI) on's Business? (Optional information. Check all that apply) certifying agency as a Department of Transportation (DOT) (DBE)? cognized Native American Entity, check all that apply.) Firm	
Foundation Hospital Veterinary Hospital If your Organization is an Education Einformation, Check if the types apply 1862 Land Grant College 1890 Land Grant College 1890 Land Grant College Historically Black College or Univers Minority institutions Private University or College School of Forestry Hispanic Servicing Institution State Controlled institution of Higher Tribal College Veterinary College Alaskan Native Servicing Institution Native Hawalian Servicing Institution What is the Nature of your organization Architecture and Engineering (A&E) Construction Firm Manufacturer of Goods Research and Development Service Provider Is your business certified by a state of Disadvantaged Business Enterprise (Massian Native Corporation Owned) Alaskan Native Corporation Owned American Indian Owned	to your organization.) ity (HBCU) r Learning (ANSI) n (NHSI) on's Business? (Optional information, Check all that apply) certifying agency as a Department of Transportation (DOT) (DBE)? cognized Native American Entity, check all that apply.) Firm	
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Foundation Hospital Veterinary Hospital If your Organization is an Education Einformation, Check if the types apply 1862 Land Grant College 1890 Land Grant College 1890 Land Grant College Historically Black College or Univers Minority institutions Private University or College School of Forestry Hispanic Servicing Institution State Controlled institution of Higher Tribal College Veterinary College Alaskan Native Servicing Institution Native Hawalian Servicing Institution What is the Nature of your organization Architecture and Engineering (A&E) Construction Firm Manufacturer of Goods Research and Development Service Provider Is your business certified by a state of Disadvantaged Business Enterprise (Massian Native Corporation Owned) Alaskan Native Corporation Owned American Indian Owned	to your organization.) ity (HBCU) r Learning (ANSI) n (NHSI) on's Business? (Optional information, Check all that apply) certifying agency as a Department of Transportation (DOT) (DBE)? cognized Native American Entity, check all that apply.) Firm	

Type and Business Factors Displayed for Government Organization

Select Organization Type: Business or Organization



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

Corporate Entity Selected on Corporate Information page:

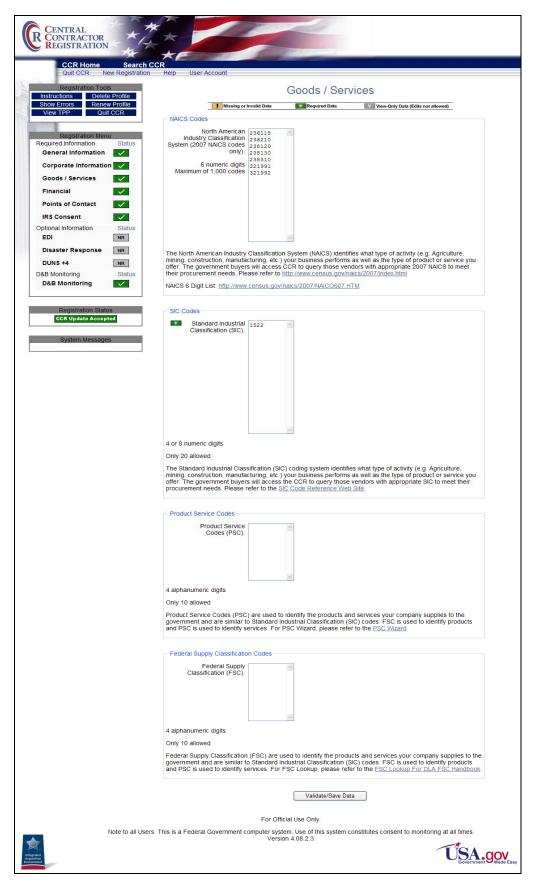
Organizational Structure
Please indicate the form of your Business or Organization as defined by the IRS. (Check one)
 Corporate Entity, Not Tax Exempt (Firm pays U.S. Federal Income Taxes or U.S. Possession Income Taxes) Corporate Entity, Tax Exempt (Firm does not pay U.S. Federal Income Taxes nor U.S. 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)
Required if you selected "Corporate Entity" as Type of Organization
State of NY (USA Only) Incorporation:
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)
	tempt (Firm pays U.S. Federal Income Taxes or U.S. Possession Income Taxes) of (Firm does not pay U.S. Federal Income Taxes nor U.S. Possession Income ity Partnership
Check one if applicable. ☐ Limited Liability Company ☐ Subchapter S Corporation	
* Sole Proprietorship Point Required if you selected "Sole	of Contact Proprietorship" as Type of Organization
Name:	Topriotolomp do Typo or Organization
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

Quit CCR New Registration Registration Tools	Help User Account Financial Information
nstructions Delete Profile how Errors Renew Profile View TPP Quit CCR	Missing or Invalid Data Required Data View-Only Data (Edits not allowed)
VIEW TPP QUITCER	Electronic Funds Transfer (EFT) This content is optional for Non-U.S. Businesses.
Registration Menu quired Information Status	Financial Institution: LOWER EAST SIDE PEOPLES FCU
Seneral Information	ABA Routing 026082811
Goods / Services	Account Number: 12340056
Points of Contact	Re-enter Account 12340056 Number
RS Consent Status	Account Type: ⊗ Checking ○ Savings
Disaster Response NR	Lockbox Number
DUNS +4 NR B Monitoring Status D&B Monitoring	Automated Clearing House (ACH)
	At least one method of contact must be entered for your financial institution unless you are a government organization or a Non-U.S. Business.
Registration Status CCR Update Accepted	US Phone Number: (269) 555-8888
System Messages	Non-US Phone Number:
oysiciii messages	FAX (US Only): 2695559999
	E-mail Address: autoclear@email.com
	Remittance information
	Address to mail check to if EFT is temporarily unavailable.
	Create POC Template Paste POC Template Name: [JOE SMITH
	Address Line 1: 133 MAPLE STREET S
	133 merca stract 3
	Address Line 2:
	LIVIN UNIVIN
	State: NY USA or Canadian registrants only.
	Province: All countries other than USA or Canada.
	U.S. State Code / Canadian Province list Zip/Postal Code: 117552926
	U.S. Zip+4 Code Look-up
	Country: UNITED STATES
	■ Accounts Receivable Point of Contact
	NOTE: All CCR Financial email correspondence will be directed to this person at this email address.
	Create POC Template Paste POC Template Name: JOE SMITH
	E-mail Address:
	U.S. Phone (634) 655,1934
	Humbyr.
	Telephone Extension:
	Non-U.S. Phone Number:
	Fax Number: 6315552345
	Credit Cards Does the company accept credit cards as a Method of payment?
	Validate/Save Data

Financial Information Page

CENTRAL CONTRACTOR	*	2
REGISTRATION	XE	
CCR Home Search C Quit CCR New Registration	Help User Account	
Registration Tools	Poi	nts of Contact
Instructions Delete Profile Show Errors Renew Profile	Click to	ere for help with this page.
View TPP Quit CCR	Missing or Invalid Data	Required Data View-Only Data (Edits not allowed)
Registration Menu	CCR POC (Registrant Name) Primary	
Required Information Status	The Registrant acknowledges that the information NOTE: All CCR email correspondence will be dire	provided is current, accurate, and complete, cted to this person at this email address.
General Information	Create POC Ten	
Goods / Services	* Name:	
Financial	E-mail Address:	-
Points of Contact	NOW DESCRIPTION	
IRS Consent	U.S. Phone Number.	
Optional Information Status	Talantan (
EDI NR Disaster Response NR	Telephone Extension:	
DUNS +4	Non-U.S. Phone	
D&B Monitoring Status	Number	· ·
D&B Monitoring	Fax Number.	
Registration Status CCR Update Accepted	CCR POC Alternate	
	NOTE: All CCR email correspondence will be dire	cted to this person at this email address
System Messages	Create POC Tem	· ·
	* Name:	
	* E-mail Address:	
		and the same of th
	U.S. Phone Number.	
	Telephone Extension:	
	Non-U.S. Phone	
	Number:	
	Fax Number:	
	publicly displayed on the CCR Inquiry Web Site. A Point of Contact is entered. <u>Create POC Terr</u>	eting and sales with the government. This information will be ull methods of contact are required if the Government Business
	Name: JOE SMITH	
	E-mail Address:	get .
	Address Line 1: 133 MAPLE STREET	
	Address Line 2:	
	* City: LAKE GROVE	
	DAL GROVE	
	State: NY USA or C	anadian registrants only.
	Province:	All countries other than USA or Canada.
	U.S. State Code / C	anadian Province list
	Zip/Postal Code: 117552926	
	U.S. Zip+4 Code Lo	ok-up
	* Country: UNITED STATES	<u> </u>
	U.S. Phone (631) 555-1234	
	Telephone Extension:	
	Non-U.S. Phone Number:	

Points of Contact—Part 1

		Point of Contact - Alternate responsible for marketing and sales with the government. This information will be R finquiry Web Site.
•		Create POC Template Paste POC Template JOE SMITH
	-mail Address:	
		133 MAPLE STREET S
	ddress Line 2:	
	City:	LAKE GROVE
E	State:	NY USA or Canadian registrants only.
	Province:	All countries other than USA or Canada.
* ZI	- D4-1 O4	U.S. State Code / Canadian Province list
21	p/Postal Code:	117552926 U.S. Zip+4 Code Look-up
	Country:	UNITED STATES
-	U.S. Phone Number:	(631) 555-1234
	Telephone Extension:	
N	on-U.S. Phone Number:	
	Fax Number:	6315552346
Past Perfor	mance Point of	Contact - Primary
		cty displayed on the CCR inquiry Web Site. For more information visit the PPAIS web
	**	Create POC Template Paste POC Template
	Name:	
	ddress Line 1:	
	ddress Line 2:	
	Gity:	
	State	USA or Canadian registrants only.
	Province	All countries other than USA or Canada.
	p/Postal Code	U.S. State Code / Canadian Province list
2.1	principal code:	U.S. Zip+4 Code Look-up
	Country	₩
	U.S. Phone Number:	
	Telephone Extension:	
10	on-U.S. Phone Number	
	Fax Number.	
Past Perfor	mance Point of	Contact - Alternate
		cly displayed on the CCR inquiry Web Site. For more information visit the PPAIS web
	Name	Create POC Template Paste POC Template
	-mail Address:	
	ddress Line 1:	
	ddress Line 2:	
	City	
	State:	USA or Canadian registrants only.
	Province	All countries other than USA or Canada.
zı	p/Postal Code:	U.S. State Code / Canadian Province list
	Country:	U.S. Zip+4 Gode Look-up
	U.S. Phone Number	
	Telephone Extension	
N	on-U.S. Phone	
	Number:	
	. un . vumordi	

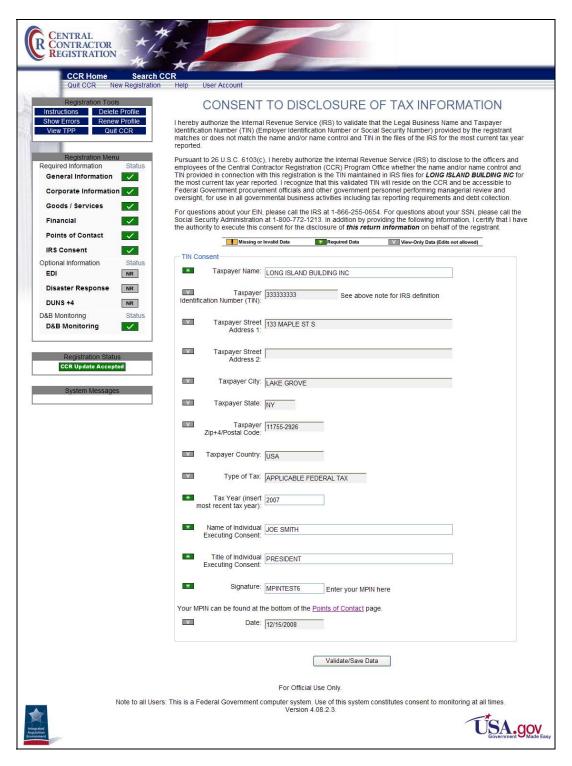
Points of Contact—Part 2

€ Electronic Business Pc	pint of Contact - Primary
The person in the company electronic business systems	responsible for authorizing individual company personnel access into government [e.g. Electronic Document Access (EDA), Wide Area Work Flow (WAWF), etc.] This splayed on the CCR Inquiry Web Site.
	Create POC Template Paste POC Template
☀ Name:	JOE SMITH
★ E-mail Address:	NO. FOR FIRM AT
☀ Address Line 1:	133 MAPLE STREET S
Address Line 2:	
* City:	LAKE GROVE
★ State:	NY USA or Canadian registrants only.
Province:	All countries other than USA or Canada.
	U.S. State Code / Canadian Province list
≭ Zip/Postal Code:	117552926
	U.S. Zip+4 Code Look-up
* Country:	UNITED STATES
U.S. Phone Number:	(631) 555-1234
Telephone Extension:	
Non-U.S. Phone Number:	
Fax Number:	ANFC9201F63
	03 13002349
This information will be public	oint or Contact - Aitemate cly displayed on the CCR Inquiry Web Site.
	Create POC Template Paste POC Template
▼ Name:	JOE SMITH
▼ E-mail Address:	Note at the Higher age
* Address Line 1:	133 MAPLE STREET S
Address Line 2:	
* City:	LAKE GROVE
★ State:	NY USA or Canadian registrants only.
Province	All countries other than USA or Canada.
	U.S. State Code / Canadian Province list
▼ Zip/Postal Code:	
★ Country:	U.S. Zip+4 Code Look-up UNITED STATES
	(631) 555-1234
Number. Telephone	
Extension:	
Non-U.S. Phone Number:	
Fax Number:	6315552345

Points of Contact—Part 3

T	
Previous Business Name	
	<u>Create POC Template</u> <u>Paste POC Template</u>
Name:	
Address Line 1:	
Address Line 2:	
City:	
State:	
oute.	USA or Canadian registrants only.
Province:	All countries other than USA or Canada.
	U.S. State Code / Canadian Province list
Zip/Postal Code:	
	U.S. Zip+4 Code Look-up
Country:	<u> </u>
Government Parent	
parent (HQ), e.g. DLA.	ent agencies. If this CCR registration is a division of the government, provide the
	Create POC Template Paste POC Template
Name:	
Address Line 1:	
Address Line 2:	
City:	
State:	USA or Canadian registrants only.
Province:	All countries other than USA or Canada.
	U.S. State Code / Canadian Province list
Zip/Postal Code:	
	U.S. Zip+4 Code Look-up
Country:	U.S. ZIPT4 COUE EUON-UP
,	
Corporate Point of Contact	
Name:	Create POC Template Paste POC Template
Name.	
E-mail Address:	
U.S. Phone	
Number:	
Telephone	
Extension:	
Non-U.S. Phone	
Number:	
Fax Number:	
← Marketing Partner Identifica	ation Number (MPIN)
	MPINTEST6
applications (e.g., Past Perfo etc.). The MPIN acts as your	This is a self-defined access code that will be shared with authorized partner manner Automated Information System (PPAIS) Technical Data Solutions (TeDS), r password in these other systems, and you should guard it as such. The MPIN ontain at least one alpha character, one number, and no spaces or special
	Click here for help with this page.
	Validate/Save Data
	For Official Use Only
Note to all Users: This is a Endard Covernment s	For Official Use Only. Omputer system. Use of this system constitutes consent to monitoring at all times.
Hote to all osers. This is a rederal Government to	Version 4.09.2.
reggisted Angulation	USA. GOV Government Made El
Environment	Government Made Ea

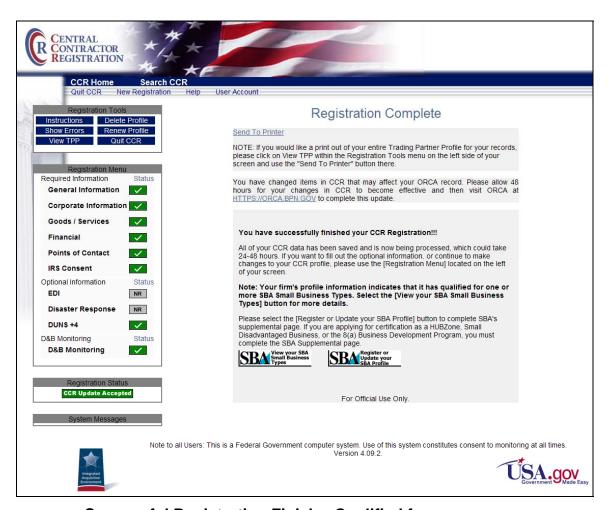
Points of Contact—Part 4



IRS Consent Page



Successful Registration Finish Or



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

CENTRAL CONTRACTOR REGISTRATION	**	
CCR Home Search	*	
Quit CCR New Registratio		
Registration Tools	F	EDI Information
Instructions Delete Profile Show Errors Renew Profile View TPP Quit CCR		on. If you are NOT currently using a Value Added Network (VAN)
Registration Menu	If you came here by mistake, you can select a d screen, or click here to quit CCR Update.	ifferent page from the "Registration Menu" located on the left of your
Required Information Status General Information	Completing this EDI section of the CCR applicat complete the Electronic Commerce Interoperable Network (VAN) connected to the DoD Electronic	ion DOES NOT make you EDI compliant. In order to successfully lity Process (ECIP), you must utilize an authorized Value-Added- Commerce Infrastructure (ECI).
Corporate Information		-Networks (VANs) connected to the DoD Electronic Commerce
Goods / Services	Infrastructure (ECI): https://www.daas.dla.mil/da	1/2
Financial	- Contract to the contract of	Required Data View-Only Data (Edits not allowed)
Points of Contact	EDI Information	100
IRS Consent	Value Added Network (VAN) Provider:	~
Optional Information Status EDI NR	letenhanna ID (IDA)	.000
Disaster Response NR	Interchange ID (ISA) Qualifier:	<u>*</u>
DUNS +4 NR		
D&B Monitoring Status	Interchange Sender ID (ISA) Identifier:	
D&B Monitoring		der ID (ISA06) identifier - value corresponding to company's for EDI transactions. No dashes, spaces, or special characters.
Registration Status	Functional Group (GS02) Identifier:	
CCR Update Accepted	2) 24	(OOOO) Identifies this fight and first the second identifies for
	the addressing of	(GS02) Identifier - this further defines the company's identifiers for EDI transactions. No dashes, spaces, or special characters.
System Messages	Request 820s ○Yes No	
	Do you want to re Network provider	ceive Remittance Advice Notices (820s) through your Value Added ?
	EDI Point of Contact	
	This is the individual within the company that s provide an individual's name and at least one i	hould be contacted if there are any specific EDI concerns. Please nethod of contact.
	Create POC T	emplate 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 U	Ise Only.
Note to all Use	rs: This is a Federal Government computer system. Version 4.	Use of this system constitutes consent to monitoring at all times. 08.2.3.
indegrated Acquisition Environment		USA. GOV Government 9 Made Eas

EDI Information Page

CCR Home Search		
Quit CCR New Registration	Help User Account	
Registration Tools Instructions Delete Profile	Disaster Respons	se
Show Errors Renew Profile View TPP Quit CCR	Disaster Response information is OPTIONAL.	
VICW ITT	If you came here by mistake, you can select a different page from the Reg from the Registration Tools Menu in the upper left corner.	pistration Menu on the left or click Quit CCR
Registration Menu Required Information Status	This information will be used by FEMA for finding contractors for disaster r FEMA disasters can be found at http://www.fema.gov/hazard/index.shtm .	relief situations. Additional information on
General Information	■ Missing or Invalid Data Required Data	View-Only Data (Edits not allowed)
Corporate Information	Bonding Levels	
Goods / Services	If appropriate, please provide the following bonding levels. Values must be	e input in whole dollars.
Financial	Construction Bonding Level, in dollars	
Points of Contact	(per contract):	
IRS Consent	Construction	
Optional Information Status	Bonding Level, in dollars	
EDI NR	(aggregate):	
Disaster Response NR	Service Bonding	
DUNS +4 NR	Level, in dollars (per contract):	
D&B Monitoring Status D&B Monitoring	Office and a second of the sec	
Dab Monitoring	Service Bonding Level, in dollars	
	(aggregate):	
Registration Status CCR Update Accepted		
	⊂ Geographic Area	
System Messages	If appropriate, please indicate your geographic area served by selecting "any state", this will indicate a nationwide reach. Alternatively, you can se state only you can select up to three counties and three Metropolitan Sta	lect up to three states. If you select one
	States: Counties:	Metropolitan Statisitcal Areas:
	(any state) AL - ALABAMA	
	AK - ALASKA AS - AMERICAN SAMOA	
	Please make up to three selections. To make multiple selections, hold down the CTRL key. Please make up to three selections. To make multiple selections, hold down the CTRL key.	Please make up to three selections. To make multiple selections, hold down the CTRL key. Please see the OMB Statistical Area Definitions
		bulletin for additional details.
	Validate/Save Data Delete Disaster R	elief Information
	For Official Use Only.	

Disaster Response Page

DUNS +4 Information is optional and can only be added to an active CCR Trading Partner.



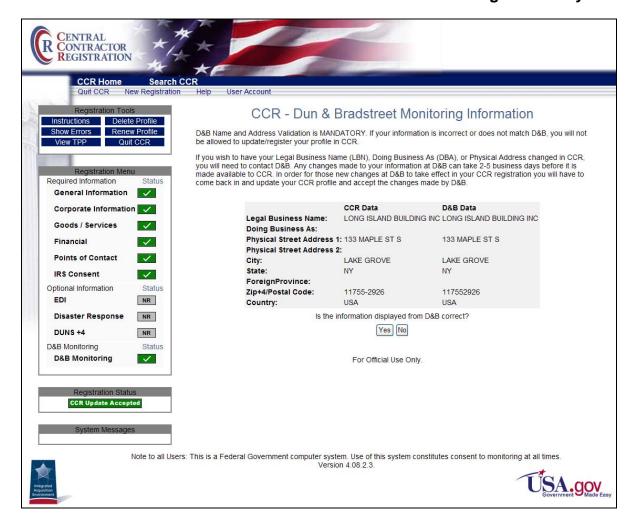
DUNS +4 Information Page

Quit CCR New Registration Registration Tools	n нер DUNS Plus4 Edit
Instructions Delete Profile Show Errors Renew Profile	UONO PIUS4 EUIL Missing or Invalid Data Required Data Will View-Only Data (Edits not allowed)
View TPP Quit CCR	Record Identifieers - DUNS/CAGE Codes
Registration Menu Required Information Status	DUNS: 001962976
General Information	DUNS Plus4: 1234
Corporate Information Goods / Services	CAGE/NCAGE Code:
Financial	
Points of Contact	Electronic Funds Transfer This content is optional for Non-U.S. Businesses.
IRS Consent Optional Information Status	Financial Institution: LOWER EAST SIDE PEOPLES FCU
EDI NR Disaster Response NR	ABA Routing Number: 026082811
DUNS +4	Account Number: 123456
D&B Monitoring Status D&B Monitoring	Re-enter Account 123456 Number.
Registration Status CCR Update Accepted	— Criecking O Savings
	Lockbox Number:
System Messages	Automated Clearing House
	At least one method of contact must be entered for your financial institution unless you are a government organization or a Non-U.S. Business.
	US Phone Number: 6165551212
	Non-US Phone Number:
	FAX (US Only):
	E-mail Address: EMAIL@EMAIL COM
	Remittance information
	Address to mail check to if EFT is temporarily unavailable. <u>Create POC Template</u> <u>Paste POC Template</u>
	Name: DUNS FORBES
	Address Line 1: 1234 ANY STREET
	Address Line 2:
	City: RONKONKOMA
	State: NY USA or Canadian registrants only
	Province: All countries other than USA or Canada.
	U.S. State Code / Canadian Province list
	Zip/Postal Code: 11779
	U.S. Zip+4 Code Look-up
	Country: UNITED STATES
	Accounts Receivable Point of Contact
	Accounts Receivable Point of Contact Create POC Template Paste POC Template
	Name: DUNS FORBES
	E-mail Address: duns@email.com
	U.S. Phone Number: (616) 555-2222
	Telephone Extension:
	Non-U.S. Phone
	Number:
	Fax Number:
	- Cradil Carde
	Credit Cards ■ Does the company O Yes No method of payment? O Yes No
	Validate/Save Data

DUNS+4 Created—Editing Record

Note: The D&B Monitoring page will be displayed at sign-on when the data contained in the CCR files does not match that of the D&B files for that DUNS.

MONITORED COUNTRIES—D&B Name Address Monitoring Mandatory:



CCR - Dun & Bradstreet Monitoring Information Page

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.)

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

LOCKHEED MARTIN AIRCRAFT LOCKHEED MARTIN AIRCRAFT Legal Business Name:

ARGENTINA S.A. ARGENTINA S.A.

Avenida Fuerza Aérea Argentina 5500

Doing Business As:

Physical Street Address AVENIDA FUERZA AÉREA ARGENTINA

Physical Street Address

CÓRDOBA City: Córdoba

State:

ForeignProvince:

Zip+4/Postal Code: X5010JMN Country: ARG ARG

Is the information displayed from D&B correct?

Yes No

CCR - Dun & Bradstreet Monitoring Information Page—Optional

April 2009 30

Dun & Bradstreet indicates company out of business:



D&B Out of Business Indicator Message

User Account Pages:



User Account Page



Edit User Profile



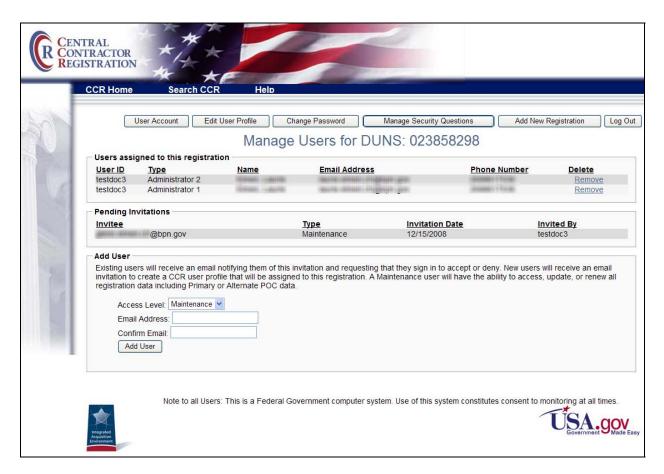
Change Password



Manage Security Questions



New Registration

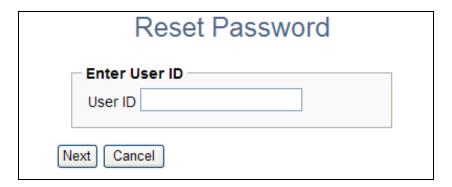


Manage Users

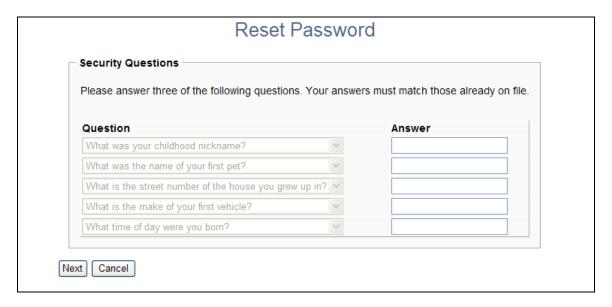
Reset Password:



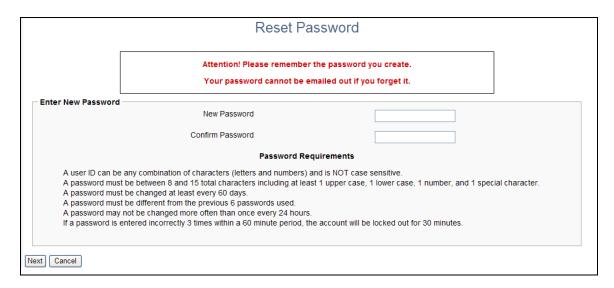
Click on reset Password:



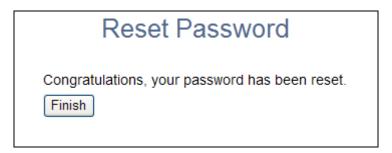
Enter User ID, click Next.



Answer three of the questions, click Next.



Enter New Password and Confirm Password. Click Next.



Click Finish.



Sign in using new password.