



UNITED STATES MARINE CORPS
REGIONAL CONTRACTING OFFICE
MCB CAMP SMEDLEY D. BUTLER, OKINAWA
PSC 557, BOX 2000
FPO AP 96379-2000

IN REPLY REFER TO:
4200
CCO
18 Nov 03

From: Chief of Regional Contracting Office

Subj: PROCEDURES FOR REGISTERING WITH CENTRAL CONTRACTOR REGISTRATION
(CCR)

Encl: (1) Dun & Bradstreet Japan Ltd., dtd 20 June 2003
(2) Cage Code Request Form
(3) Central Contractor Registration Worksheet, dtd 2 Sep 03

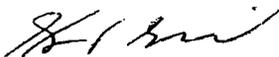
1. In accordance with the Department of Defense automated contracting procedures, all organizations must be registered in the Central Contractor Registry (CCR) in order to be considered for an award of any contract. To assist you in this process we are providing the following guidance:

a. *First*, complete the Data Universal Numbering System (DUNS®) Request Form. See enclosure (1) for example format and detailed explanation in both English and Japanese of this process.

b. *Second*, once you receive documentation with your company assigned DUNS number from Dun & Bradstreet Japan Ltd., provide a copy to our office with the completed Cage Code Request form, see enclosure (2). This information may be faxed to 892-5111 extension 645-0969, or submitted in person. Our office will then request for your company's NATO Commercial And Government Entity (NCAGE) Code number. This process takes approximately one week.

c. *Third*, upon receipt you will be notified via a letter from our office of your assigned NCAGE number with a CCR Registration Worksheet. See enclosure (3).

2. This information is required for each separate business location that has its own unique and distinct operation. Should you require any assistance in this process, please feel free to contact our office at 892-5111 extension 645-7496. You may also request support from the Okinawa Federation of Chambers of Commerce and Industry, Military Contracting Information Center (MiCIC) at (098) 868-3787.


S. J. SCHMID



D-U-N-SR Number Request Form

Fax to: 03-5465-2861

Applicant Name : John Doe Company Name ABC Company
 TEL 123-456-7890 FAX 23-456-0987

- Please fill in the information of the company or individual person which you are requesting a D-U-N-SR® Number. The field marked with * is a required.

* Company Name/ Individual person name ABC Company
 * Address 00 - 00-0000 ABC Street, Ginowan, Okinawa Japan 000-0000
 * TEL 123-456-7890 *FAX 12 456-0987
 Year Started _____ apital _____ Yen
 Employees _____ Annual Sales _____ Yen
 CEO Name _____
 * Line of Business Office Supplies

* Contact Information of US Naval, Military and Air Force base in Japan which you are making a contract with : USMC RCO Base Camp S.D. Butler Division or Department
892-5111 ext. 892-5111 ext.
(TEL) 645-7495 (FAX) 645-0969

Here is Your D-U-N-S® Number;



Decide with Confidence

To Dun & Bradstreet Japan Ltd. Cust. Svc Team

D-U-N-SR Number Request Form

Fax to: 03-5465-2861

Applicant Name _____

Company Name _____

TEL _____ FAX _____

- Please fill in the information of the company or individual person which you are requesting a D-U-N-S® Number. The field marked with * is a required.

* Company Name/ Individual person name _____

* Address 〒 _____

* TEL _____

* FAX _____

Year Started _____

Capital Yen

Employees _____

Annual Sales Yen

Country Name _____

* Line of Business _____

* Contact Information of US Naval, Military and Air Force base in Japan which you are making a

contract with _____ Base _____ Division or Department _____

(TEL) _____

(FAX) _____

Here is Your D-U-N-S® Number;



Decide with Confidence

Dun & Bradstreet Japan Ltd.
Consulting Department
20 June 2003

To whom it may concern

Important changes of D-U-N-S® Number confirmation process on the side of the bidders and traders

- *Introducing D-U-N-S® Number Request through "request form"*

Dun & Bradstreet Japan Ltd (D&B Japan) has provided D-U-N-S® Number to the bidders and traders for US Naval, Military and Air Force base in Japan with charge (3,150 Japanese yen per request). But D&B Japan decided to provide D-U-N-S® Number with free of charge to the bidders and traders as of Jul. 1st, 2003. As this change, the bidders and traders need to request D-U-N-S® Number using an application form, "D-U-N-S® Number Request Form".

So please distribute this notice to whom it might concern and distribute attached documents to the bidders and traders as one of the requirements for contract with US base in Japan. Therefore, please do not distribute the present explanation document that we sent on March 2003.

Notes

- Start date of free distribution;
July 1st 2003
- For more information and question please do not hesitate to contact us at
jp-dunsrequest@dnb.com

Yours sincerely

Dun and Bradstreet Japan Ltd.



To the bidders and the traders

Introducing D-U-N-S® Number

What's a D-U-N-S® Number?

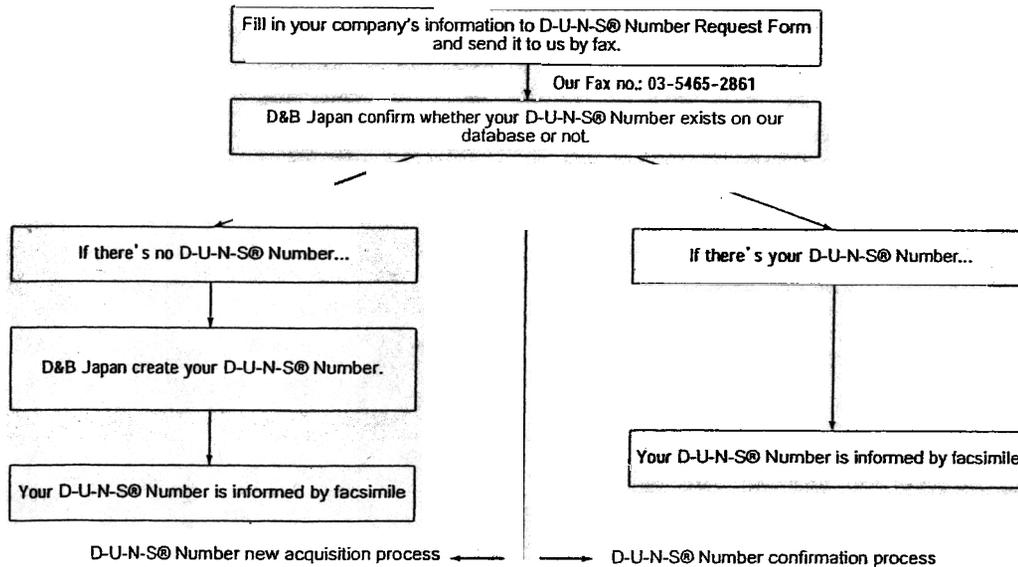
A D&B® D-U-N-S® Number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of over 78 million businesses worldwide. The U.S. government and many major corporations require their suppliers and contractors to have a D-U-N-S® Number.

How do I get a D-U-N-S® Number in Japan?

To get your company's D-U-N-S® Number, Please fill in "D-U-N-S® Number Request Form" with the information of the company or individual person which you are requesting a D-U-N-S® Number first. And, please send it to us by fax.

Then we send back it with your D-U-N-S® Number by fax. It takes 3 business days to provide your D-U-N-S® Number.

Flowchart of D-U-N-S® Number confirmation/ new acquisition



Contact us

If you have any questions about a way of D-U-N-S® Number confirmation and application, please do not hesitate to contact us (<mailto:jp-dunsrequest@dnb.com>).

Cage Code Request

TO: USMC Regional Contracting Office Camp Butler, Far East PSC 557 Box 2000 FPO AP 96379 Tel: 892-5111 extension 645-7496 Fax: 892-5111 extension 645-0969	FROM: (Company name and Fax #)
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Request a cage code for the following vendor(s):

EXAMPLE

Company Name: ABC Company	DUNS # 00-000-0000
Address: 00-00-000 Street	
City: Ginowan Country: Okinawa Japan Zip Code: 000-0000	
Telephone #: (000)990-0000 POC: John Doe	
Fax #: (000)990-0001 E-mail: Jdoe@ABCCompany.net	

Please attach a copy of the form received from D&B with your company assigned DUNS number.

Company Name:	DUNS #
Address:	
City: Country: Zip Code:	
Telephone #: POC:	
Fax #: E-mail:	

Company Name:	DUNS #
Address:	
City: Country: Zip Code:	
Telephone #: POC:	
Fax #: E-mail:	

Enclosure (2)

Central Contractor Registration Worksheet

You may use this CCR Worksheet to collect the information required to register in CCR, then go to www.ccr.gov to register.

(M) = Mandatory field. Data must be entered for registration to be complete.

General Information

DUNS Number¹ (M): _____ CAGE Code² (M) if foreign: _____

Legal Business Name (M): _____

Doing Business As: _____

Tax ID³ (M): Leave blank OR Social Security Number: Leave blank

Division Name: Leave blank Division Number: Leave blank

Corporate Web Page URL (Company website address): _____
Example: <http://www.example.com> or <http://example.com>

Physical Address (M): _____

City (M): _____ State (M): Leave blank

Zip/Postal Code (M): _____ Zip Plus 4 (M): Leave blank Country (M): Japan

Mailing Address (M): Check if same as physical address

Business Name (M): _____

Mailing Address (PO Box is acceptable) (M): _____

City (M): _____ State (M): _____

Zip/Postal Code: _____ Zip Plus 4 (M): Leave blank Country (M): Japan

Business Start Date (M)(mm/dd/yyyy): _____ Number of Employees (M): _____

Fiscal Year Close Date (M) (mm/dd): _____ Annual Revenue (M): _____

Type of Organization (M):

Corporate Entity (Not Tax Exempt) Corporate Entity (Tax Exempt)

State of Incorporation (M): _____ or Country (if other than US): _____

Sole Proprietorship Partnership U.S. Government Entity
 Foreign Government International Organization Other
 Federal State Local

1. Data Universal Numbering System (DUNS)– Call Dun & Bradstreet at 1-800-333-0505 or 1-610-882-7000 if unsure.
2. Commercial and Government Entity (CAGE) Code – If you do not have a CAGE Code, one will be assigned to you, call DLIS – Defense Logistics Information Services at 1-888-352-9333 Option 3 if unsure, or check CAGE search web http://www.dlis.dia.mil/cage_welcome.asp
3. Taxpayer Identification Number (TIN) – Call the IRS at 1-800-829-1040 if unsure. The TIN may be used by the Government to collect and report on any delinquent amounts arising out of the offeror's relationship with the Government (31 U.S.C. 7701 (c) (3)).

*Leave blank if it does not apply. If it does apply to your company complete the required information. Please do not type N/A, simply leave blank.

Owner Information (M) if Sole Proprietorship:

Name: _____

U.S. Phone: _____ Leave blank _____ Ext.: Leave blank _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____ Leave blank _____

Email: _____

Business Type(s) (M) Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> 8(a) Program Participant (also check small business) | <input type="checkbox"/> Construction Firm |
| <input type="checkbox"/> American Indian Owned | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> Hub Zone Business (also check small business) | <input type="checkbox"/> Emerging Small Business |
| <input type="checkbox"/> Minority Owned Business (Must choose one below): | <input checked="" type="checkbox"/> Foreign Supplier (Check any box that applies) |
| <input type="checkbox"/> Subcontinent Asian (Asian-Indian) American | <input type="checkbox"/> Historically Black College/Univ. |
| <input type="checkbox"/> Asian-Pacific American | <input type="checkbox"/> Labor Surplus Area Firm |
| <input type="checkbox"/> Black American | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Manufacturer of Goods |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Minority Institution |
| <input type="checkbox"/> No Representation/None of the above | <input type="checkbox"/> Municipality |
| <input type="checkbox"/> Large Business | <input type="checkbox"/> Nonprofit Institution |
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Research Institute |
| <input type="checkbox"/> Small Disadvantaged Business (also check small business) | <input type="checkbox"/> S Corporation |
| <input type="checkbox"/> Woman Owned Business | <input type="checkbox"/> Service Location |
| <input type="checkbox"/> Veteran Owned Business | <input type="checkbox"/> Sheltered Workshop (JWOD) |
| <input type="checkbox"/> Service Disabled Veteran Owned | <input type="checkbox"/> Tribal Government |

Party Performing Certification (M) if approved for 8(a) certification through the Small Business Administration (SBA)

Certifier's Name: _____

Address: _____

City: _____ State: Leave blank _____ Zip/Postal Code: _____

Country: Japan _____

Goods and Services:

NAICS Codes (M) North American Industrial Classification Code to identify what product or service your business provides (6 digit numeric). Search on

<http://www.census.gov/epcd/www/naics.html> (Type what your Co. good or service is then click NAICS search, please note the SIC would be needed in the next page)

NAICS Code: _____ NAICS Code: _____ NAICS Code: _____

NAICS Code: _____ NAICS Code: _____ NAICS Code: _____

Good and Services:

- Go into <http://www.census.gov/epcd/www/naics.html>
- Where it prompts “Enter keyword” type your company good or service (i.e. furniture).
- Click on “NAICS Search.”
- A blue 6 digits number (hyperlink) will show.
- Select the one that applies to your company and click.
- Select 2002 NAICS 6 digit number and use the SIC number for the following page information.
- SIC could be more than one code, if they apply to your company.

SIC Codes (M) Standard Industrial Classification Codes identify what type of activity your business performs (4 or 8 digit numeric). Search on <http://www.osha.gov/oshstats/sicser.html>

SIC Code: _____ SIC Code: _____ SIC Code: _____

SIC Code: _____ SIC Code: _____ SIC Code: _____

Financial Information:

EFT –Electronic Funds Transfer Information

Financial Institution Name: _____
(Bank name for Electronic Funds Transfer) (If Non-US business, EFT is optional)

ABA Routing Number (M) (9digits): Leave blank

Must indicate type of account (M)
 Checking OR Savings

Account Number (M): _____

Lockbox Number: Leave blank

Automated Clearing House (ACH=Bank) (M) at least one method of contact must be entered

ACH U.S. Phone Number: Leave blank

ACH Fax (U.S. Only): Leave blank

ACH Non-U.S. Phone: _____

ACH Email: _____

Remittance Address (M): (what is the "Remit to" name and address on your invoice/bill?)

Business Name (M): _____

Address (M): _____

City (M): _____ State (M): Leave blank Zip/Postal Code (M): _____

Country (M): Japan

Accounts Receivable Contact (M):

Name (M): (Name of your company)

Email (M): _____

U.S. Phone (M): Leave blank Ext.: Leave blank

Non U.S. Phone: 011-81-6140 (plus) your company number Ext.: _____

Fax (U.S. Only): Leave blank

Do you (the Registrant) use or accept Credit Cards as a method of Purchase or Payment? (M). Yes No

Registration Acknowledgement and Point of Contact Information:

Note: The Registrant acknowledges that the information provided is current, accurate, and complete.

CCR Point of Contact (M)

Name: _____

Email: _____

U.S. Phone: Leave blank Ext.: Leave blank

Non U.S. Phone: 011-81-6140 + your company number Ext.: _____

Fax (U.S. Only): Leave blank

CCR Alternate Point of Contact (M)

Name: _____

Email: _____

U.S. Phone: Leave blank Ext.: Leave blank

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): Leave blank

For the following POCs, may identify two persons for each category

Government Business Point of Contact (If name is entered, all fields are mandatory)

Name: Leave blank

Email: Leave blank

Address: Leave blank

City: Leave blank State: Leave blank Zip Code: Leave blank

U.S. Phone: Leave blank Ext.: Leave blank

Non U.S. Phone: Leave blank Ext.: Leave blank

Fax (U.S. Only): Leave blank

Government Business Point of Contact Alternate- if primary is entered, alternate is mandatory

Check to use Primary Govt. POC information for Alternate Govt. POC

Name: Leave blank

Email: Leave blank

Address: Leave blank

City: Leave blank State: Leave blank Zip Code: Leave blank

U.S. Phone: Leave blank Ext.: Leave blank

Non U.S. Phone: Leave blank Ext.: Leave blank

Fax (U.S. Only): Leave blank

Electronic Business Point of Contact (M) (Sole Proprietor information)

Name (M): _____

Email (M): _____

Address (M): _____

City (M): _____ State (M): Leave blank Zip (M): _____

U.S. Phone (M): Leave blank Ext.: Leave blank

Non U.S. Phone: 011-81-6140 + your company number Ext.: _____

Fax (U.S. Only): Leave blank

Electronic Business Point of Contact Alternate (M)

Check to use Primary EB POC information for Alternate EB POC

Name (M): _____

Email (M): _____

Address (M): _____

City (M): _____ State (M): _____ Zip (M): _____

U.S. Phone (M): Leave blank Ext.: Leave blank

Non U.S. Phone: 011-81-6140 + your company number Ext.: _____

Fax (U.S. Only): Leave blank

Past Performance Point of Contact (If name is entered, all fields are mandatory)(PPIRS)

Note: MPIN is mandatory if entering Past Performance POC

Name: Leave blank

Email: Leave blank

Address: Leave blank

City: Leave blank State: Leave blank Zip Code: Leave blank

U.S. Phone: Leave blank Ext.: Leave blank

Non U.S. Phone: Leave blank Ext.: Leave blank

Fax (U.S. Only): Leave blank

Past Performance Point of Contact Alternate (If primary is entered, alternate is mandatory)(PPIRS)

Check to use Primary Past Perf. POC information for Alternate Past Perf. POC

Name: Leave blank

Email: Leave blank

Address: Leave blank

City: Leave blank State: Leave blank Zip Code: Leave blank

U.S. Phone: Leave blank Ext.: Leave blank

Non U.S. Phone: Leave blank Ext.: Leave blank

Fax (U.S. Only): Leave blank

Marketing Partner ID (MPIN) Leave blank

Must be 9 alphanumeric, no spaces, no symbols

MPIN is Mandatory if entering Past Performance POC.

You may enter your registration directly on the web at www.ccr.gov

Read the CCR Handbook <http://www.ccr.gov/handbook.cfm> for further information.

E-mail address CCR@dliis.dla.mil

For registration assistance call 1-888-227-2423 or 1-269-961-4725