

DHS SBIR/STTR Company Registration Form Cover Sheet

1. Department Name: Department of Homeland Security
2. Component/Agency Name: Science and Technology Directorate, Office of Innovation
3. OMB Control Number: 1640-New
4. Expiration Date: TBD (three years from approval date)
5. Agency Form Number: DHS FORM 10022 (5/07)
6. Name of Form: DHS SBIR/STTR Company Registration
7. Purpose of Form: Allow members of the public to register their companies on the DHS SBIR/STTR website so that they, when acting as representatives of their companies, can submit proposals via the website in response to DHS SBIR/STTR solicitations and access areas of the website restricted to registered users only.
8. How to submit: Submit online at www.sbir.dhs.gov or mail to Department of Homeland Security, Science and Technology/Office of Innovation, SBIR Program, Room 8-050, 245 Murray Drive, Washington, DC, 20528.



Company Registration

Please fill out the fields below to register your company.

(You do not have to register your company to visit this site, but your company must be registered for you to submit proposals in response to a solicitation.)

Click the button labeled "Review Registration" when you are finished.

(Fields marked with an * are required.)

Company Information

*Company:

*Company Division:

*Company President:

*President's E-mail:

*Address (Line 1):

Address (Line 2):

*City:

*State:

*Zip: -

(Please enter your full 9-digit zip code.) ([Look up the last four digits](#))

Company Point Of Contact

(This will be the person who will receive all correspondence pertaining to all company activity.)

*Salutation:

*First Name:

Middle Initial:

*Last Name:

*Title:

*Phone Number: ()--

*Fax Number: ()--

No Fax (check here?)

Enter The E-mail Address of Your Company's Point of Contact

(The e-mail address you provide will be the username you will use to access restricted areas of the web site.)

*E-mail:

Please Answer the Following Questions About Your Company

*1.) How many employees are there in your company (including all affiliates)?

*2.) Is your company Woman Owned?

*3.) Is your company Minority Owned?

*4.) Is your company located within a HubZone?
([Determine if your company is located in a HUB Zone](#))

5.) What is your company's DUNS Number?
([Look up DUNS](#))

*6.) What is your company's Taxpayer/Employer Identification Number?

*7.) In what year was your company founded?

8.) What is your company's Cage Code?
([Look up CAGE](#))

Small Business Concern

*1.) Does your company qualify as a socially and economically disadvantaged business? (This information is being collected for statistical purposes only.)

*2.) Does your company comply with the provisions of the Civil Rights Act of 1964 (P.L. 88-352) and the regulations pursuant thereto?

An agency may not conduct or sponsor an information collection and a person is not required to respond to this information collection unless it displays a current valid OMB control number and an expiration date. The OMB control number for this information collection is 1640-NEW and this form will expire on mm/dd/yyyy. The estimated average time to complete this form is 15 minutes per respondent. If you have any comments regarding the burden estimate you can write to Department of Homeland Security, Science and Technology Directorate, Washington, DC 20528.