REQUEST FOR INFORMATION/VERIFICATION OF COMMERCIAL AND GOVERNMENT ENTITY (CAGE) CODE

OMB No. 0704-0225 OMB approval expires Oct 31, 2007

The public reporting burden for this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information. including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0225). Respondents should be aware that notwithstanding any other provision o law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO:

DEFENSE LOGISTICS SERVICE CENTER, ATTN: DLSC-SBB, FEDERAL CENTER, 74 NORTH WASHINGTON, BATTLE CREEK, MICHIGAN 49017-3084 INSTRUCTIONS The CAGE Code listed below is assigned to your company to ensure that your production items are properly cataloged and contracting services are administered correctly. This verification of contractor status is forwarded periodically for any necessary changes to your name, address, etc. Please complete the following to assist us: 2. If any affiliated companies have been sold, indicate in Item 8, Remarks, 1. Please review the above address and annotate to whom and to what extent (include design control, patents, drawings, any changes. If unchanged, X this box product line, etc.) as this could affect the code assigned. 3. If any of the facilities have been merged to form 4. If any operation has been discontinued and its items now manufactured another division, indicate here which CAGE Codes elsewhere, include this information in Item 8, Remarks, as well as the name of the current manufacturer. are involved. 5. SOURCE DEVELOPMENT PROFILE DATA. In the following four categories, if there is a letter printed in the space next to the category title, verify the data against the tables immediately following each category. If a change is required, circle the appropriate letter in each category. If the space is blank, circle one letter in each category that best describes your firm. d. WOMENa. SIZE OF BUSINESS b. PRIMARY BUSINESS c. SMALL DISADVANTAGED OWNED** CATEGORY **BUSINESS STATUS* BUSINESS** A - Under 500 employees F - Construction Firm H - Approved by Small Business Administration Y - Women-Owned B - 501 to 750 employees G - Service Company (SBA) for Section 8(a) Program **Business Concern** C - 701 to 1000 employees J - Manufacturer I - Other Small Disadvantaged Business Concern N - Not Women-Owned D - 1001 to 1500 employees K - Regular Dealer/Distributor X - Not Small Disadvantaged Business Concern **Business Concern** E - Over 1500 employees L - Sales Office *Small Disadvantaged Business Concern is defined in Section 19.001 of the Federal Acquisition Regulation. *Women-Owned Business Concern is defined in Section 52.204-5 of the Federal Acquisition Regulation. 6. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE. 7. TELEPHONE NUMBER. Enter the telephone The NAICS Code is a government index used to identify business activity and indicates the number of the office designated to answer function (manufacturer, wholesaler, retailer, or service) and the line of business in which queries from the Federal Government with the company is engaged. If your business has multiple NAICS Codes, indicate primary regard to contracting and/or procurement NAICS Code first, next important, etc. actions. **NAICS CODES** 8. REMARKS 9. CAGE CODE (Federal Supply Code (For DLSC Use Only) Manufacturer/Non-Manufacturer) 10. PERSON AUTHORIZED TO SIGN a. TYPED OR PRINTED NAME (Last, First, Middle b. SIGNATURE c. DATE SIGNED Initial) (YYYYMMDD) e. TELEPHONE NUMBER (Include Area Code) d. TITLE