|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: | *Company Name* | CAGE CODE: | *Code* |
| Company URL: | *https://www.company.com* | SAM UEI: | *ID* |
| Primary NAICS Code: | *NAICS Code* | Facility Clearance: | *Not Applicable* |

|  |  |
| --- | --- |
| Socio-Economic Categories: |  |
| Small Business [ ]  Veteran Owned Small Business [ ] Small Disadvantaged Business [ ]  Service Disabled Veteran Owned Small Business [ ] Woman Owned Small Business [ ]  HUBZone [ ]  ANC/Tribal [ ]  NHO [ ] Economically Disadvantaged Woman Owned Small Business [ ]  8(a) Business [ ]  Mentor Protégé [ ]  JV [ ]  |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SBIR Interest: | Choose an item. | Disability Employer (*DFARS Subpart 226.72)*: | Choose an item. |  | *Yes/No* |

 |

|  |
| --- |
| Contacts: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1) Point of Contact:** | *First name* | *Last name* | *Phone:* | *Email:* |
| **Title/Position:** | *Title/Position* |  |  |  |
| **2) Point of Contact:** | *First name* | *Last name* | *Phone:* | *Email:* |
| **Title/Position:** | *Title/Position* |  |  |  |
| **2) Point of Contact:** | *First name* | *Last name* | *Phone:* | *Email:* |
| **Title/Position:** | *Title/Position* |  |  |  |
| *Would you like to receive emails about DHRA events, general information and small business news?* | [ ]  Yes[ ]  No | *Note: If yes, add* dodhraosbp@mail.mil *as email contact in order to avoid messages being sent to spam* |
| *Is this an Update to a previously submitted form/registration?* | [ ]  Yes[ ]  No | *Please indicate below what new information you want added to database (address/contact/NAICS/certification, etc.)* |
| ***Federal Procurement Vehicles:*** |  |  |