|  |  |  |  |
| --- | --- | --- | --- |
| 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](mailto: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:*** |  | |  | |