

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

*Form Approved  
OMB No. 0704-0225  
Expires Aug 31, 2004*

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 and Communications Directorate (0704-0225). Respondents should be aware that notwithstanding any other provision of 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:

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| 1. Please review the above address and annotate any changes. If unchanged, X this box <input type="checkbox"/>      | 2. If any affiliated companies have been sold, indicate in Item 8, Remarks, to whom and to what extent ( <i>include design control, patents, drawings, product line, etc.</i> ) as this could affect the code assigned. |
| 3. If any of the facilities have been merged to form another division, indicate here which CAGE Codes are involved. | 4. If any operation has been discontinued and its items now manufactured elsewhere, include this information in Item 8, Remarks, as well as the name of the current manufacturer.                                       |

**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.

<b>a. SIZE OF BUSINESS</b>	<b>b. PRIMARY BUSINESS CATEGORY</b>	<b>c. SMALL DISADVANTAGED BUSINESS STATUS*</b>	<b>d. WOMEN-OWNED** BUSINESS</b>
A - Under 500 employees B - 501 to 750 employees C - 701 to 1000 employees D - 1001 to 1500 employees E - Over 1500 employees	F - Construction Firm G - Service Company J - Manufacturer K - Regular Dealer/Distributor L - Sales Office	H - Approved by Small Business Administration (SBA) for Section 8(a) Program I - Other Small Disadvantaged Business Concern X - Not Small Disadvantaged Business Concern	Y - Women-Owned Business Concern N - Not Women-Owned Business Concern

\*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.

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| <b>6. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE.</b><br>The NAICS Code is a government index used to identify business activity and indicates the function (manufacturer, wholesaler, retailer, or service) and the line of business in which the company is engaged. If your business has multiple NAICS Codes, indicate primary NAICS Code first, next important, etc.<br><b>NAICS CODES</b> | <b>7. TELEPHONE NUMBER.</b> Enter the telephone number of the office designated to answer queries from the Federal Government with regard to contracting and/or procurement actions. |
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**8. REMARKS**

<b>9. CAGE CODE</b> ( <i>Federal Supply Code Manufacturer/Non-Manufacturer</i> )	<i>(For DLSC Use Only)</i>
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<b>10. PERSON AUTHORIZED TO SIGN</b>		
<b>a. TYPED OR PRINTED NAME</b> ( <i>Last, First, Middle Initial</i> )	<b>b. SIGNATURE</b>	<b>c. DATE SIGNED</b> ( <i>YYYYMMDD</i> )
<b>d. TITLE</b>	<b>e. TELEPHONE NUMBER</b> ( <i>Include Area Code</i> )	