

Vendor Database

If your company desires to provide products or services to Crane Division, Naval Surface Warfare Center, it is necessary to add your company to our Vendor Database. Even if you believe you are in the current database at Crane, this form needs to be completed and returned due to our transition to the DoD mandated Standard Procurement System.

All companies wishing to do business with the Government must be registered on the Central Contractor Registration (CCR) database. The web site for this is: <http://www.ccr.gov>. Or you may call the CCR Registration Assistance Center (RAC) toll free at (888) 227-2423 to obtain a form and instructions.

Please enter the required information on the Vendor Database supplemental below and return to:

Contracting Officer
Code 056PG Bldg 64
NAVSURFWARCENDIV
300 Highway 361
Crane IN 47522-5001

Or e-mail to: Patrick.conger@navy.mil

NAVSURFWARCENDIV Crane point of contact is Code 116PG, telephone (812) 854-3684.

VENDOR DATABASE SUPPLEMENTAL QUESTIONNAIRE

All of the following apply to vendors or companies wanting to or actually doing business with the Government.

1. **Company name:** _____

2. **Tax Identification Number (TIN).** _____ (mandatory)

Large/Small business code - indicates that a particular company is classified as a large or small business as identified by the Small Business Administration. Please circle the code most appropriate for your company. (mandatory)

3. **Large Business** yes no
Small Business yes no
Neither (please explain) _____

4. **If Small Disadvantaged Business (SDB) Concern** - A small business concern which is at least 51% owned, controlled and operated by one or more socially and economically disadvantaged individuals. Provide Ethnic Group Code (must provide if Small Disadvantaged Business Concern): (please circle one)

A - Asian-Indian American B - Asian-Pacific American C - Black American
E - Native American F - Other SDB Certified by Small Business Administration
D - Hispanic American Z - No representation

5. **Vendor Category** (please check all applicable) (mandatory)

____ 8(a)
____ Asian-Indian American
____ Asian-Pacific American
____ Black American
____ Domestic Firm (performing outside the US)
____ Foreign Concern/Entity
____ Hispanic American
____ Historical Black College or University (HBCU)
____ Hospital
____ HUBZone Small Business
____ JWOD Participating Nonprofit Agency

- Large Business (performing in the US)
- Minority Institution
- Native American
- No Representation
- Other Educational
- Other Non-Profit
- Other SDB Certified or Determined by SBA
- Other Veteran-Owned Small Business
- Profit
- Service-Disabled Veteran Owned Small Business
- UNICOR/FPI
- Woman Owned
- Workshop for the Blind or other Severely Handicapped

6. **Company address:** _____ (Physical location mandatory)

Post Office Box: _____ (If applicable)

City: _____ State: _____ Zip Code: _____

7. **If located in Indiana**, please list county in which company is located. (mandatory)

8. **Telephone number** of company. (Please provide all if applicable)

_____-_____-_____(Toll Free Number if one is used)

_____-_____-_____(Commercial Number)

_____-_____-_____(FAX number)

9. **Geographical Region** (physical location of company)

- Mid Atlantic
- Mid West
- North East
- North West
- Rocky Mountain
- South East
- South West

10. **DUNS Number** (Mandatory) _____-_____(Dun & Bradstreet Identification Number +4--for businesses with other divisions)

11. Commercial and Government Entity (**CAGE**) Code. _____ (Mandatory)-obtained from CCR.gov

12. **Corporate Status**

- Not a Corporate Entity
- Health Care Corporation
- Sole Proprietorship
- Partnership
- Hospital
- Other Corporate Entity

13. **Person of Contact:** _____

14. **POC e-mail address:** _____