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| REQUEST FOR ASSIGNMENT OF A COMMERCIAL AND GOVERNMENT ENTITY (CAGE) CODE <i>(See Instructions on back)</i> | | | | OMB No. 0704-0225 OMB approval expires | |
| 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, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (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 FORM TO THE ABOVE ORGANIZATION. SEND COMPLETED FORM TO ADDRESS ON BACK. | | | | | |
| SECTION A - TO BE COMPLETED BY INITIATOR | | | | | |
| 1. REQUESTING GOVERNMENT AGENCY/ACTIVITY | | | | | |
| a. NAME | | | b. ADDRESS STREET | | |
| 2. TYPE CODE REQUESTED (X one) | | 3. EXCEPTION CODES | | | |
| a. TYPE A | | a. CAO | | CITY | |
| b. TYPE F | | b. ADP | | STATE | |
| | | | | ZIP CODE | |
| 4. INITIATOR | | | | | |
| a. TYPED NAME (Last, First, Middle Initial) | | b. OFFICE SYMBOL | | c. SIGNATURE | |
| | | | | d. TELEPHONE NO. (Include area code) | |
| SECTION B - TO BE COMPLETED BY FIRM TO BE CODED | | | | | |
| 5. FIRM | | | | | |
| a. NAME (Include Branch of, Division of, etc.) | | | b. ADDRESS STREET | | |
| c. CAGE CODE (If previously assigned) | | | CITY | | STATE |
| | | | | | ZIP CODE |
| 6. IF FIRM PREVIOUSLY OPERATED UNDER OTHER NAME(S) OR OTHER ADDRESS(ES) SPECIFY THE PREVIOUS NAME(S) AND/OR ADDRESS(ES) (Use separate sheet of paper, if necessary) | | | 7. PARENT COMPANY AND AFFILIATED FIRMS (X one, and complete as applicable) | | |
| | | | a. NONE | | |
| | | | b. CURRENTLY AFFILIATED WITH OTHER FIRMS (List name(s) and address(es) of such firms on a separate sheet of paper) | | |
| c. PREVIOUSLY AFFILIATED WITH OTHER FIRMS (List name(s) and address(es) of such firms on a separate sheet of paper) | | | | | |
| 8. PRIMARY BUSINESS CATEGORY (X one) | | 9. SMALL DISADVANTAGED BUSINESS STATUS (X one) | | 10. NUMBER OF EMPLOYEES | |
| a. MANUFACTURER | | a. APPROVED BY SMALL BUSINESS ADMINISTRATION (SBA) FOR SECTION 8(a) PROGRAM | | 11. WOMEN-OWNED BUSINESS CONCERN (X one) <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO | |
| b. DEALER/DISTRIBUTOR | | | | | |
| c. CONSTRUCTION FIRM | | b. OTHER SMALL DISADVANTAGED BUSINESS CONCERN | | 12. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODES | |
| d. SERVICE COMPANY | | | | | |
| e. SALES OFFICE | | c. NOT SMALL DISADVANTAGED BUSINESS CONCERN | | a. PRIMARY | |
| f. OTHER (Specify) | | | | b. OTHER (Specify) | |
| 13. REMARKS | | | | | |
| | | | | | |
| 14. FIRM OFFICIAL | | | | | |
| a. TYPED NAME (Last, First, Middle Initial) | | b. DATE SIGNED (YYYYMMDD) | | c. SIGNATURE | |
| | | | | d. TELEPHONE NO. (Include area code) | |

INSTRUCTIONS FOR COMPLETING DD FORM 2051

GENERAL NOTE FOR PERSONNEL PREPARING OR PROCESSING THIS REPORT

Coding must be as indicated in the instructions. Noncompliance with the coding instructions contained herein will make the organization that fails to comply responsible for required concessions in data base communication.

SPECIFIC INSTRUCTIONS

SECTION A - TO BE COMPLETED BY THE INITIATING GOVERNMENT ACTIVITY

SECTION B - (Continued)

Item 1. Self-explanatory.

Item 2. Mark the type of code being requested.

a. Type A - Manufacturers Code, which is used in the Federal Catalog System to identify a certain facility at a specific location that is a possible source for the manufacture and/or design control of items cataloged by the Federal Government; or,

b. Type F - Non-manufacturers Code, which is required for identifying an organization/function in MILSCAP. These are assigned to contractors that are non-manufacturers or that are manufacturers not qualifying for a Type A Code.

Item 3. If applicable, enter the exception DoD Activity Address Code for the Servicing Contract Administration Office (CAO) or ADP point.

Item 4. Self-explanatory.

Item 9. A small disadvantaged business concern is defined in Section 19.001 of the Federal Acquisition Regulation.

Item 10. Enter the number of employees. This number should include the employees of all affiliates.

Item 11. A women-owned business concern is defined in Section 52.204-5 of the Federal Acquisition Regulation.

Item 12. The NAICS Code is a Government Index that is used to identify business activity and that indicates the function (manufacturer, wholesaler, retailer, or service) and the line of business in which the company is engaged. If multiple NAICS Codes apply, indicate the primary first, then next important, etc.

Item 13. Self-explanatory.

Item 14. Self-explanatory.

SECTION B - TO BE COMPLETED BY THE FIRM TO WHICH THE CODE WILL BE ASSIGNED

NOTE: When any future changes are made to the coded facility (e.g. name change, location change, business sold, or operations discontinued), written notification stating the appropriate change should be sent to:

Item 5.a. and b. Self-explanatory.

c. If a CAGE Code (Type A or Type F) was previously assigned, enter it in this block.

Item 6. Self-explanatory.

Item 7. If a block other than "None" is marked, identify the Parent company by a (P) beside the firm name.

Item 8. Self-explanatory.

CAGE Code Office
DLA Logistics Information Service
ATTN: DLA LIS-LAC
Hart-Dole-Inouye Federal Center
74 North Washington
Battle Creek, MI 49037-3084