**DUNS, CCR AND CERTIFICATION REGARDING DEBARMENT FORM**

1. **DUNS Number:** The selected contractor must submit their company’s Dunn and Bradstreet (DUNS) Number. If the contractor does not presently have a DUNS Number, please go to the following link to obtain a company DUNS Number:

<http://www.dnb.com/get-a-duns-number.html>

A DUNS number can be obtained free of charge to the contractor applicant. The contractor however should request the DUNS Number that is “FREE OF CHARGE”.

**Please provide your DUNS Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. **CCR Number:** The selected contractor must submit their company’s Central Contractor Registration System (CCR) Number. If the contractor does not presently have a CCR Number, please go to the following link to obtain a company CCR Number:

<http://www.sam.gov>

**Please provide your CCR/CAGE Code Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The System for Award Management (SAM) is an official website of the U.S. government. SAM consolidated the capabilities of CCR/FedReg, ORCA, and EPLS. There is NO cost to use SAM. Register to do business with the U.S. government for free directly from this site.

3. **CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AN VOLUNTARY EXCLUSION--LOWER TIER COVERED TRANSACTIONS**

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

**Initial here to acknowledge your firm is not currently excluded from participating on Federal contracts as described in paragraph (1)**: \_\_\_\_\_\_\_\_\_

2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Authorized Signature |  | Address |
|  |  |  |
| Printed Name & Title |  | City, State, Zip Code |
|  |  |  |
| Company |  | Date |