

Contractor Registration Form for Access to FedMall

***Input Is Required for all Fields**

REGISTRATION INFORMATION	
Account Name:	- LEAVE BLANK -
User Type:	- Federal Government Contractor -
*CONTACT INFORMATION	
First Name:	
Middle Name:	
Last Name:	
Email:	
Commercial Phone:	
DSN Phone:	
*GOVERNMENT ORGANIZATION INFORMATION	
Department:	
Service/Agency of Assignment:	
Major Command:	
Unit of Assignment:	
NOTE: Use "COVID19" for Contingency Store	
DODAAC:	
Country:	
Organization Name:	
Street Address:	
Duty Station/City:	
State:	
ZIP Code:	
*CONTRACT INFORMATION	
Program or Project Name:	
Contract Company Name:	
Contract Number:	
Current Period of Performance Start Date:	
Current Period of Performance End Date:	
Government Contracting Officer Name:	
Government Contracting Officer Phone:	
Government Contracting Officer Email:	
*JUSTIFICATION	
Justification for access:	
*CERTIFICATION/SIGNATURES	
(DOD-approved certificates are required for signatures)	
I certify that the above information is true and that I am currently employed by the organization that appears on this form.	
Registrant's Typed Name and Title:	
Federal Contracting Officer's (KO) or Contracting Officer Representative's (COR) Typed Name, Title, and Phone:	
<p>**KO's Approval and Authorization (Must Check One):**</p> <p>I authorize this Contractor full access to FedMall with purchasing authority:</p> <p>I authorize this Contractor full access to FedMall without purchasing authority:</p> <p>I authorize this Contractor access to the Small Business Contingency Store only:</p>	

Send this digitally signed form to: J64CSAccessManagement@dla.mil