Contractor Registration Form for Access to the FedMall Contingency Store

*Input Is Required for all Fields

REGISTRATION INFORMATION		
Account Name:	- LEAVE BLAN	NK -
User Type:	- Federal Governm	ent Contractor -
*CONTACT INFORMATION		
First Name:	1	
Middle Name:		
Last Name:		
Email:		
Commercial Phone:		
DSN Phone:		
*GOVERNMENT ORGANIZATION INFORMATION		
Department:		
Service/Agency of Assignment:		
Major Command:		
Unit of Assignment:	COVID19	
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 to FedMall's		
Contingency Store:		
*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,		
KO's Approval and Authorization (Must Check One):		
As the KO, I certify this Fed Govt Contractor IS* IS NOT* authorized by the above Government Organization		
to purchase GFE/GFM from Federal Supp	ply Sources IAW	
'FAR 51 Use of Government Sources	by Contractors'	