

Information to be Collected	Required	Type of Information
Business Name	Yes	Free text
Doing Business As (DBA)	No	Free text
Name of Parent Company	No	Free text
Type of Ownership	Yes	Selection list
U.S. Owned?	Yes	Yes/No
Are you headquartered in the United States?	Yes	Yes/No
Company Address	Yes	Free text
Other Primary U.S. Locations	No	City/State
Where do you do business?	Yes	Selection list
Contact information of person completing registration	Yes	Free text
Point of Contact for Business Opportunities	Yes	Free text
Alternate Point of Contact for Business Opportunities	No	Free text
Website URL	No	Free text
DUNS	Yes	Numeric
CAGE Code	No	Alpha-numeric
Number of Employees	Yes	Selection list
Total Annual Revenue	Yes	Selection list
Year of Business Incorporation Date	Yes	Numeric
Small Business Status	Yes	Yes/No
8(a) Entrance and Exit Dates, if applicable	No	Date
Small business certifications at the state level	Yes	Yes/No
Has DCAA determined your accounting system to be adequate?	Yes	Selection list
Company technical certifications (e.g., ISO, CMMI, PE, etc.)	Yes	Yes/No
Current company federal contract vehicles	Yes	Yes/No & Free text
Primary NAICS codes	Yes	Numeric
Core Business Areas	No	Checkbox
Keywords (e.g., COCOM, IT, Info Technology, NAVSEA)	Yes	Free text
Are you registered in the Central Contractor Registration?	Yes	Yes/No
Current/Past High-Level Customers	Yes	Checkbox & Free text
Previous work with Alion	Yes	Yes/No
Company Awards / Recognition	No	Free text
Government Facility Clearances	Yes	Yes/No
Which of your skills do you consider complementary to Alion?	Yes	Free text