

<b>SOURCE LIST APPLICATION, MARINE CORPS COMMUNITY SERVICES</b>	<b>1. TYPE OF APPLICATION</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION	<b>2. DATE</b>
NOTE: Please complete all items on this form. Insert N/A in items not applicable. See reverse for instructions.		
3. TO: (Enter name and address of MCCA procurement activity)	4. NAME AND ADDRESS OF APPLICANT	
5. TYPE OF ORGANIZATION (Check one)  <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION, INCORPORATED UNDER THE LAWS OF THE STATE OF: _____  <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (Specify): _____		
6. NAMES OF OFFICERS, OWNERS, OR PARTNERS		
A. PRESIDENT	B. VICE PRESIDENT	C. SECRETARY
D. TREASURER	E. OWNERS OR PARTNERS	
7. AFFILIATES OF APPLICANT (Names, locations and nature of affiliation. See definition on reverse)		
8. PERSONS AUTHORIZED TO SIGN OFFERS AND CONTRACTS IN YOUR NAME (Indicate if agent)		
NAME	OFFICIAL CAPACITY	TEL. NO. (Include area code)
9. IDENTIFY MERCHANDISE, EQUIPMENT, SUPPLIES, OR SERVICES THAT YOU ARE INTERESTED IN PROVIDING TO MCCA		
10A. SIZE OF BUSINESS (See definitions on reverse)  <input type="checkbox"/> SMALL BUSINESS  <input type="checkbox"/> OTHER THAN SMALL BUSINESS	10B. AVERAGE ANNUAL SALES OR RECEIPTS FOR PRECEDING THREE FISCAL YEARS  \$	10C. AVERAGE NO. OF FULL TIME EMPLOYEES
11. TYPE OF OWNERSHIP (See definitions on reverse) (Not applicable for other than small business)  <input type="checkbox"/> DISADVANTAGED BUSINESS  <input type="checkbox"/> WOMAN OWNED BUSINESS	12. TYPE OF BUSINESS (See definitions on reverse)  <input type="checkbox"/> MANUFACTURER OR PRODUCER <input type="checkbox"/> REGULAR DEALER (Type 1) <input type="checkbox"/> SURPLUS DEALER  <input type="checkbox"/> SERVICE ESTABLISHMENT <input type="checkbox"/> REGULAR DEALER (Type 2)	
13. DUNS NO. (If available)	14. HOW LONG IN PRESENT BUSINESS?	
<b>CERTIFICATION</b>		
<i>I certify that the information given above is correct and that owners, officers, and related firms are not now suspended or debarred by any agency of the Federal Government.</i>		
15. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN	16. SIGNATURE	17. DATE SIGNED