

Vendor Portal Registration and Change Request Worksheet

PLEASE EMAIL THE COMPLETED SIGNED WORKSHEET TO deca.lee.hq.mbx.signup@mail.mil

I am registering a ... (select ONLY one Contract Type per form)

BPA - Blanket Purchase Agreement

IQC - Indefinite Quantity Contract

MOA - Memorandum of Agreement

MOU - Memorandum of Understanding

ROA - Resale Ordering Agreement

RTC - Requirements Type Contract

We're excited to welcome your company to the new Vendor Portal. To prepare for the on-boarding registration, complete the following information for your company and Authorized Negotiator. The Authorized Negotiator is the person who is (1) authorized to contractually bind your company, (2) is identified by letter in your contract or agreement, and (3) is named as the SAM Government Business Point of Contact.

COMPANY NAME		DOING BUSINESS A	AS (DBA) COMPANY NAME
MAILING ADDRESS			
СІТҮ	STATE	ZIP CODE	PRIMARY BUSINESS PHONE
AUTHORIZED NEGOTIATO	R NAME (Last, First, Initial)	PHONE	EMAIL
AUTHORIZED NEGOTIATO	R TITLE		
Please use page 3 to appoin page 1 and on page 3 of the Government Business POG	ion Regarding Authori int two additional authorized r is worksheet must match the C named in your SAM (System xtremely important when the \	negotiators. The authori Government Business F for Award Managemen	POC and Alternate t) registration. This
for the company. I also her		horized Negotiator(s) lis	tablish a Vendor Portal Account sted on this form is/are current
PRINTED NAME	SI	GNATURE	
TITI F		ATE SIGNED	For DeCA Use Only

Additional Company Information

Enter your Contract Number, Vendor Number, CAGE Code, and UEI Number below.

NOTE: The Contract Number begins with HDEC01, HDEC02, HDEC09, or HQC006.

Contract Number Vendor # CAGECode UEI Number

Additional Authorized Negotiators

Complete the following for additional persons who are authorized to contractually bind your company.

NAME (Last, First, Initial)

POSITION TITLE/AFFILIATION

PHONE

EMAIL

Authorized User Information

Enter the information below for all persons who will need access to your Vendor Portal account.

NAME (Last, First, Initial)

PHONE

EMAIL

USER ROLE

Delete Authorized User

Complete the following to remove an existing Authorized User from your Vendor Portal acc	r Vendor Portal accour	our V	ser from v	Authorized I	ve an existino	to remove	following	plete the	Com
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NAME (Last, First, Initial)	PHONE	EMAIL	
			h
			EXISTING USER ROLE
AME (Last, First, Initial)	PHONE		USER ROLE

CDC Servicing for OCONUS Brokers

Check the CDCs you service.

EUROPE

DODAAC CDC/Store Name

HQCE29 Germersheim CDC

HQCE7A Kaiserslautern CDC

SEATAC/PACIFIC

DODAAC CDC/Store Name

HQCGHS Osan CDC

HQCWH5 Okinawa CDC

HQCWH9 Guam CDC

HQCWJ2 Kanto Plain CDC

HQCWJ9 Taegu CDC

HQCWJA Yongson CDC

HQCWJB lwakuni CDC

HQCWHF Misawa AB