

<p align="center">REQUEST FOR ASSIGNMENT OF A COMMERCIAL AND GOVERNMENT ENTITY (CAGE) CODE <i>(See Instructions on Reverse)</i></p>			<p align="right"><i>Form Approved OMB No 0704-0225 Expires Apr 30, 1995</i></p>		
<p>Public reporting burden for this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. Said comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information on Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302; and to the Office of Management and Budget, Paperwork Reduction Project (0704-0225), Washington, D.C. 20503. Please DO NOT RETURN your form to either of these addresses. Send complete form to address on reverse.</p>					
<p>SECTION A - TO BE COMPLETED BY INITIATOR</p>					
1. REQUESTING GOVERNMENT AGENCY/ACTIVITY					
a. NAME NASA Ames Research Center			b. ADDRESS (Street, City, State, and Zip Code) M/S: , Moffett Field, CA 94035-1000		
2. TYPE CODE REQUESTED (X one)		3. EXCEPTION CODES			
a. TYPE A		a. CAO			
b. TYPE F		b. ADP			
4. INITIATOR					
a. TYPED NAME (Last, First, Middle Initial)		b. OFFICE SYMBOL	c. SIGNATURE	d. TELEPHONE NO. 650-604-	
<p>SECTION B - TO BE COMPLETED BY FIRM TO BE CODED</p>					
1. FIRM					
a. NAME (Include Branch of, Division of, etc.)			b. ADDRESS (Street, City, State and Zip Code)		
c. CAGE CODE (If previously assigned)					
2. IF FIRM PREVIOUSLY OPERATED UNDER OTHER NAME(S) OR OTHER ADDRESS(ES) SPECIFY THE PREVIOUS NAME(S) AND/OR ADDRESS(ES) (Use separate sheet of paper, if necessary)			3. PARENT COMPANY AND AFFILIATED FIRMS (X one, and complete as applicable)		
			a. NONE		
			b. CURRENTLY AFFILIATED WITH OTHER FIRMS (List name(s) and address(es) of such firms on a separate sheet of paper)		
			c. PREVIOUSLY AFFILIATED WITH OTHER FIRMS (List name(s) and address(es) of such firms on a separate sheet of paper)		
4. PRIMARY BUSINESS CATEGORY (X one)		5. DISADVANTAGED SMALL BUSINESS STATUS (X one)		6. NUMBER OF EMPLOYEES	
a. MANUFACTURER					
b. DEALER/DISTRIBUTOR		a. APPROVED BY SMALL BUSINESS ADMINISTRATION (SBA) FOR SECTION 8(a) PROGRAM		7. WOMAN OWNED BUSINESS (X one)	
c. CONSTRUCTION FIRM				a. YES b. NO	
d. SERVICE COMPANY		b. OTHER DISADVANTAGED SMALL BUSINESS FIRM		8. STANDARD INDUSTRIAL CLASSIFICATION CODE(S)	
e. SALES OFFICE					
f. OTHER (specify)		c. NOT DISADVANTAGED SMALL BUSINESS FIRM		a. PRIMARY	
				b. OTHER (Specify)	
9. REMARKS					
<p>TIN:</p>					
10. FIRM OFFICIAL President					
a. TYPED NAME (Last, First, Middle Initial)		b. DATE SIGNED (YYMMDD)	c. SIGNATURE	d. TELEPHONE	

INSTRUCTIONS FOR COMPLETING DD FORM 2051	
GENERAL NOTE FOR PERSONNEL PREPARING OR PROCESSING THIS REPORT	
Coding must be as indicated in the instructions. In cases where specific coding instructions are provided, reference must be made to the Department of Defense Manual for Standard Data Elements, DoD 5000. 12-M. Noncompliance with either the coding instructions contained herein or those published in referenced manual will make the organization which fails to comply responsible for required concessions in data base communication.	
SPECIFIC INSTRUCTIONS	
SECTION A - TO BE COMPLETED BY THE INITIATING GOVERNMENT ACTIVITY	SECTION B - (Continued)
Item 1: Self-explanatory.	Item 4: Self-explanatory.
Item 2: Mark the type of code being requested. a. Type A - Manufacturers Code which is used in the Federal Catalog System to identify a certain facility at a specific location which is a possible source for the manufacture and/or design control of items catalogued by the Federal Government; or, b. Type F - Non-manufacturers Code which is required for identifying an organization/function in MILSCAP. These are assigned to contractors which are non-manufacturers or are manufacturers not qualifying for a Type A Code.	Item 5: A disadvantaged business is defined as a firm that is 51% or more, owned, controlled, and operated by a person(s) who is socially and economically disadvantaged. "Controlled" is defined as exercising the power to make policy decisions. "Operated" is defined as actively involved in the day-to-day management of the firm. Item 6: Enter the number of employees. This number should include the employees of all affiliates. Item 7: A woman-owned business is defined as a firm that is 51%, or more, controlled and operated by a woman or women. "Controlled" and "Operated" are defined in Item 5.
Item 3: If applicable, enter the exception DoD Activity Address Code for the Servicing Contract Administration Office (CAO) or ADP point.	Item 8: The SIC Code is a Government Index used to identify business activity and indicates the function (manufacturer, wholesaler, retailer, or service) and the line of business in which the company is engaged. If multiple SIC Codes, indicate the primary first, next important, etc.
Item 4: Self-explanatory.	
SECTION B- TO BE COMPLETED BY THE FIRM TO WHICH THE CODE WILL BE ASSIGNED	Items 9 and 10: Self-explanatory.
Items I a and I b: Self-explanatory.	NOTE: When any future changes are made to the coded facility; i.e., name change, location change, business sold or operations discontinued, etc., written notification stating the appropriate change should be sent to: Commander Defense Logistics Services Center ATTN: DLSC-FBA Federal Center 74 Washington N. Battle Creek, MI 49017-3084
Item I c: If a CAGE Code (Type A or Type F) was previously assigned, enter it in this block.	
Item 2: Self-explanatory. Item 3: If a block other than "none" is marked, identify the Parent company by a (P) beside the firm name.	

DD Form 2051 Reverse, JUN 90 (EG)