

Procedures for Including the Central Contractor Registration (CCR) Requirement in Emergency Equipment Rental Agreements (EERA)

The Bureau of Land Management (BLM) State/Field Offices must follow these procedures to include the CCR requirement when establishing EERAs:

1. If the performance of an existing EERA extends beyond December 31, 2003, it must be modified to incorporate Federal Acquisition Regulation (FAR) clause 52.204-7, CCR.
2. For existing EERAs whose vendors are registered in CCR, no further action is required. However, Field Offices should send periodic reminders to their EERA vendors to update their CCR registration yearly.
3. The exemption found at FAR 4.1102(3) (ii), contracts awarded by Contracting Officers in the conduct of emergency operations, will apply only to procurements initiated during an incident and not to procurements initiated pre-incident or during pre-season preparation.
4. The exemption found at FAR 4.1102(4), contracts to support unusual or compelling needs (see 6.302-2), will also apply only to procurements initiated during an incident and not to procurements initiated pre-incident or during pre-season preparation.
5. Include the most current version of FAR clause 52.213-4 – Terms and Conditions – Simplified Acquisitions (Other Than Commercial Items) when establishing EERAs. Also include by reference these additional FAR clauses that apply to EERAs:
 - 52.204-7 – Central Contractor Registration (October 2003)
 - 52.208-4 – Vehicle Lease Payments (April 1984)
 - 52.208-5 – Condition of Leased Vehicles (April 1984)
 - 52.208-6 – Markings of Leased Vehicles (April 1984)
 - 52.236-7 – Permits and Responsibilities (November 1991)
 - 52.243-1 – Changes – Fixed Price (Aug 1987), Alternate I (April 1984)
6. Prior to establishing an EERA during the pre-season, the contractor must be registered on the CCR at <http://www.ccr.gov>. Automated Clearinghouse Information is included as part of the vendor registration. Vendors who register on CCR are not required to complete a copy of the Automated Clearinghouse Enrollment Form (See Attachment 1-2) described below in “Emergency Incidents.” Be sure to send the vendor a copy of the BLM Electronic Commerce Outreach Notice from the BLM National Acquisition Website @ <http://web.blm.gov/natacq/ideas/ec.html>.
7. During emergencies, a contractor who has not registered on CCR must provide an ACH enrollment form (See Attachment 1-2). Ask the contractor to complete and mail or fax this form to the National Business Center or include the completed form in the EERA payment package.

A vendor may request a waiver from being paid electronically if the vendor is an individual or a sole proprietor. In these cases, the vendor may apply for a waiver from either one of the following Certifying Officers at the NBC Accounts Payable Branch: Carol Godwin, 303-236-6612 or Kim Zietz, 303-236-7117. Any vendor not yet registered in CCR should be encouraged to register at their earliest convenience so that they can be awarded a pre-season or multi-year EERA in the future.

**The Bureau of Land Management (BLM) ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

This form is used for Automated Clearinghouse (ACH) payments with an addendum record that carries payment-related information.

PAPERWORK REDUCTION ACT STATEMENT	
<p>This following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provision 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearinghouse Payment System.</p>	
AGENCY INFORMATION (Return forms to address below)	
FEDERAL PROGRAM AGENCY:	BUREAU OF LAND MANAGEMENT NATIONAL BUSINESS CENTER
ADDRESS:	DENVER FEDERAL CENTER, BUILDING 50 P. O. BOX 25047, BC-622 DENVER, COLORADO 80225-0047
CONTACT PERSONS: Anne Westlake-Esposito Chris Mast Carol Godwin	TELEPHONE NUMBER: (303) 236-4176 (303) 236-4176 (303) 236-6612
RETURN COMPLETED FORM TO THE ADDRESS ABOVE B OR FAX IT TO (303) 236-6715	
PAYEE/COMPANY INFORMATION	
NAME & ADDRESS:	FEDERAL TAXPAYER NO. (SSN OR EIN):
CONTACT PERSON NAME:	TELEPHONE NO: ()
FINANCIAL INSTITUTION INFORMATION	
NAME OF BANK:	
ADDRESS:	
BANK ACH COORDINATOR NAME:	TELEPHONE NUMBER: ()
NINE-DIGIT ROUTING TRANSIT NUMBER: _____ - _____	
DEPOSITOR ACCOUNT NUMBER:	
NAME ON THE ACCOUNT:	
ACCOUNT TYPE: G Checking G Savings	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)	TELEPHONE NUMBER:

Check your business category:

_____ **Individual** (also provide legal personal name [no nickname]). If more than one individual is listed, also

indicate which individual is providing the Social Security Number.

_____ **Sole Proprietor** (also provide legal personal name no [nickname]).

_____ **Partnership** If the partnership uses a trade/business name not recognized by the Internal Revenue Service (IRS) or if the partnership does not use a trade/business name, provide the names of the partners, beginning with the name of the partner listed first on the form on which the IRS assigned the Employer Identification Number:

_____ **Medical/health Care services Corporation** (or engaged in the billing and collecting of payments for such services)

_____ **Non-Medical Corporation**

_____ **Other** (e.g., trusts, estates, nonprofit organizations, or Federal, State, or local Governments):

Form 1099 Address:

City: _____ State: _____ Zip: _____