

FEDMALL Registration

REGISTRATION INFORMATION		
Account Name:		
User Type:		
CONTACT INFORMATION		
First Name:		
Middle Initial:		
Last Name:		
Email:		
Commercial Phone:		
DSN Phone:		
ORGANIZATION INFORMATION		
Department:		
Service/Agency of Assignment:		
Major Command:		
Unit of Assignment:		
DODAAC:		
City:		
State:		
ZIP/Postal Code:		
Country:		
CONTRACT INFORMATION		
Contractor Type:		
Program or Project Name:		
Contract Company Name:		
Contract Number:		
Current Period of Performance Start Date:		
Current Period of Performance End Date:		
Government Contracting Officer Name:		
Government Contracting Officer Phone:		
Government Contracting Officer Email:		
SUPERVISOR INFORMATION		
Supervisor's Name:		
Supervisor's Phone Number:		
Supervisor's Email:		
JUSTIFICATION		
Justification for use of FEDMALL:		
CERTIFICATION/SIGNATURES		
I certify that the above information is true and that I am currently employed by the organization that appears on this form.		
Customer (Employee) Signature	Name: Title:	
Supervisor's Signature	Name: Title:	
Government Contracting Officer or COR/COTR Signature	Name: Title:	

Send this form to the email address below
 j64csaccessmanagement@dla.mil