



**March Inland Port Airport Authority
INSURANCE COMPLIANCE SECTION
GENERAL INFORMATION SHEET**

Please Check <input type="checkbox"/>		
ARE YOU CURRENTLY CONDUCTING BUSINESS AT MIPAA <input type="checkbox"/> Yes or <input type="checkbox"/> No (IF YES, PLEASE COMPLETE THE FORM / IF NO, SIGN BELOW FOR COMPANY DEACTIVATION)		
Name of Organization	DBA (Doing Business As)	
Federal ID No. (if none, social security no.):		
Type of Business or Service Provided:		
Address:		
Mailing Address: (if different from above)		
Telephone No.	Fax No.	E-Mail
Contact Person & Title (include telephone number if different from above)		
Any Comments:		
Person Completing this Form		
Print Name & Title:		
Signature:		
Date:		
Return this form to:		
March Inland Port Airport Authority 23555 Meyer Dr. Riverside, CA 92518		
Contract/Agreement No.	Division Issuing Contract	Cont/Agmnt Administrator & Tel