



COMMONWEALTH CASINO COMMISSION

Commonwealth of the Northern Mariana Islands

Division of Permit & Licensing

P.O. Box 500237, Saipan, MP 96950

Telephone: +1 (670) 233-1857/58

Facsimile: +1 (670) 233-1856

E-mail: ccc.adminpl@cnmicasinocommission.com



CCC PERMIT REGISTRATION FORM

Note: Please present your valid identification and photo (passport, driver's license, etc.) with this form. This form is in accordance with Part 1000 of the Commonwealth Casino Commission Rules & Regulations.

PLEASE PRINT LEGIBLY IN **BLUE INK**.

Name (Last, First, MI): _____ SS# _____

Street or Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Date of Birth (m/d/yyyy): _____ Place of Birth: _____

Passport Number: _____ Issuing Country: _____

Other ID No.: _____ Issuing Country: _____
(Please identify what type of ID)

Arrival Date: _____ Company Name: _____

Position/Title: _____ CCC License No.: _____

Issue Date: _____ Expiration Date: _____

Reason for Visit: _____

Sex: ___ Height (ft/in): ___ Weight (lbs): ___ Eye Color: ___ Hair Color: ___

Location/Business Name: Imperial Pacific International (CNMI), LLC

Imperial Pacific Resort & Hotel San Antonio Warehouse (SAW) Other

If "Other", please clarify: _____

IPI Contact Person: _____ Position: _____

Phone: _____ Email: _____

Company Contact Person: _____ Position: _____

Phone: _____ Email: _____

Representative signature & date: _____