



COMMONWEALTH CASINO COMMISSION

Commonwealth of the Northern Mariana Islands
Division of Permit & Licensing
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CCC GENERAL REGISTRATION FORM

Note: Please present your valid photo identification (passport, driver's license, etc.) and work authorization document (if applicable) with this form. This form is in accordance with Part 175-10.1-1170 of the Commonwealth Casino Commission Rules & Regulations. PLEASE PRINT LEGIBLY IN BLUE INK.

Registrant Name (Last, First, MI): \_\_\_\_\_ Alias (a.k.a.): \_\_\_\_\_

Street or Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Issuing Country: \_\_\_\_\_

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

BIODATA

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Height(ft/in): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Registrant's signature and date: \_\_\_\_\_

PROGRAM INFORMATION

Intern Trainee Service Provider Representative Vendor Representative Other; please specify: \_\_\_\_\_

Registrant Job Position/Title: \_\_\_\_\_

Work Location: \_\_\_\_\_

For Intern or Trainee use; fill out the following:

Program: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

For Service Provider or Vendor Representative use; fill out the following:

Employer/Company Name: \_\_\_\_\_

Employer/Company Phone: \_\_\_\_\_ Employer/Company Email: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

CCC OFFICIAL ONLY

IPI Contact Person: \_\_\_\_\_ Job Title/Position: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

IPI Badge #: \_\_\_\_\_ CCC License #: \_\_\_\_\_

CCC License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
For Service Provider or Vendor Representative only

CCC Permit/Sticker #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issued By: \_\_\_\_\_ Date: \_\_\_\_\_ IPI Ref#: \_\_\_\_\_