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PROSPECTIVE TENANT INFORMATION QUESTIONNAIRE

Please answer all items on this questionnaire to the best of your ability. Indicate N/A if the information is not applicable, e.g., you do not have a phone or are not employed. Supplying all available information, including your Social Security number, is required. Incomplete information may result in delay or rejection of the application. This information is used for emergency and administrative purposes only, including identifying and locating you and your assets in case of default. Please note the following:

- All rental payments are due on the first of each month.
- For insurance purposes, San Bernardino County must be named as additional insured.
- All Leases/Permits/Agreements are not final unless approved by the Department of Airports Director or the Board of Supervisors of the County of San Bernardino.
- San Bernardino County Airports Department has the right to obtain a credit report.

T-Hangar/tie down location/number (to be filled out at time of rental):_____

Name:_____ Date of Birth:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone:_____ Work Phone:_____

E-Mail:_____

Driver's License No:_____ Pilot's License No:_____ Type:_____

Employer:_____ Phone:_____

Aircraft Registered Owner:_____ Phone:_____

Street Address (if different from above):_____

City:_____ State:_____ Zip:_____

Aircraft Registration No.:_____ Make:_____ Model:_____

Engine (Single or Multi):_____ Year:_____

Are you currently occupying/renting a space at Chino Airport? If so, specify location/number:_____

Are you relocating from one space to another? If so, specify location/number you are moving from:_____

Signature:_____ Date:_____

COMPLETE AND RETURN TO DEPARTMENT OF AIRPORTS
VIA FAX: (909) 387-8815 or VIA EMAIL: ADMIN@AIRPORTS.SBCOUNTY.GOV