



Please complete this form if requesting minor address updates to information recorded in the ARC database. **DO NOT USE THIS FORM FOR ANY TYPE OF CHANGE IN LEGAL OR DBA NAME, LOCATION CHANGE, OR OWNERSHIP CHANGE.** Please refer to ARC Form 352 for other ARC application types. Some substantive database changes will be allowed with this form if they have been requested by an official source (i.e., changes made by the Postal Service) and should be accompanied by verification of such a request.

**PREPARER INFORMATION**

**ALL CORRESPONDENCE REGARDING THIS APPLICATION WILL BE SENT TO:**

1. Name of preparer:

First \_\_\_\_\_ MN \_\_\_\_\_ Last \_\_\_\_\_

2. Doing business as (dba) name: \_\_\_\_\_

3. Suite, floor, or P. O. box: \_\_\_\_\_

4. Street address: \_\_\_\_\_

5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Telephone number: \_\_\_\_\_

7. Fax number: \_\_\_\_\_

8. E-mail address: \_\_\_\_\_

**PART 1. CURRENT INFORMATION FOR ACCREDITED LOCATION BEING UPDATED**

A. ARC code number: \_\_\_\_\_

B. Legal name: \_\_\_\_\_

C. Doing business as (dba) name: \_\_\_\_\_

D. Suite, floor, or P.O. box: \_\_\_\_\_

E. Street address: \_\_\_\_\_

F. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

G. Telephone number: \_\_\_\_\_

H. Fax number: \_\_\_\_\_

I. E-mail address: \_\_\_\_\_



**PART 2. REQUESTED DATABASE UPDATES**

**A. PHYSICAL LOCATION**

Indicate below any updates to the **SUITE NUMBER, FLOOR NUMBER, P.O. BOX, PHONE NUMBERS, BUSINESS EMAIL ADDRESS, OR IRS NUMBER** for this location.

(IF ANY REQUEST(S) FOR DATABASE UPDATE(S) IN PART 2.A ABOVE IS DUE TO NOTIFICATION FROM THE POSTAL SERVICE THAT THE STREET NUMBER, STREET NAME OR ZIP CODE OR CITY HAS CHANGED, PROVIDE A PHOTOCOPY OF THE OFFICAL POST OFFICE NOTIFICATION WITH THIS APPLICATION).

*If the location has moved to a new building, Form 608 must be submitted instead.*

**COMPLETE ONLY THE SECTION(S) BELOW THAT NEED TO BE UPDATED IN THE ARC DATABASE**

- 1. NEW SUITE OR FLOOR NUMBER: \_\_\_\_\_
- 2. NEW P.O. BOX NUMBER: \_\_\_\_\_
- 3. NEW STREET NAME: \_\_\_\_\_
- 4. NEW CITY: \_\_\_\_\_
- 5. NEW ZIP CODE: \_\_\_\_\_
- 6. NEW TELEPHONE NUMBER: \_\_\_\_\_
- 7. NEW FAX NUMBER: \_\_\_\_\_
- 8. NEW BOOKKEEPER'S TELEPHONE NUMBER: \_\_\_\_\_
- 9. NEW IRS NUMBER: \_\_\_\_\_  
(ATTACH IRS VERIFICATION TO THIS APPLICATION)
- 10. NEW BUSINESS E-MAIL ADDRESS: \_\_\_\_\_

**B. OTHER ADDRESSES**

*Complete this section if the Sales Summary, Mailing or Ticket Delivery Address for this location has changed:*

**COMPLETE ONLY THE SECTION(S) BELOW THAT NEED TO BE UPDATED IN THE ARC DATABASE:**

**1. NEW SALES SUMMARY ADDRESS ONLY**

- a) Suite, floor, \_\_\_\_\_  
or P.O. box: \_\_\_\_\_
- b) Street address: \_\_\_\_\_
- c) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



**2. NEW MAILING ADDRESS OTHER THAN SALES SUMMARIES:**

- a) Suite, floor, \_\_\_\_\_  
or P.O. box: \_\_\_\_\_
- b) Street address: \_\_\_\_\_
- c) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3. NEW TICKET DELIVERY ADDRESS**

***TRAFFIC DOCUMENTS WILL NOT BE DELIVERED TO A P.O. BOX OR A STP LOCATION.***

- a) ACN: \_\_\_\_\_
- b). Doing business \_\_\_\_\_  
as (dba) name: \_\_\_\_\_
- a) Suite, floor, \_\_\_\_\_  
or P.O. box: \_\_\_\_\_
- b) Street address: \_\_\_\_\_
- c) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**4. NEW OFF PREMISES TICKET SUPPLY FACILITY**

If your off-premises facility is changing, list the name and address of the new facility below.

***ATTACH A COPY OF THE SAFE DEPOSIT BOX RECEIPT, IF APPLICABLE.***

- a). Name of facility: \_\_\_\_\_
- b). Safe Deposit Box number: \_\_\_\_\_
- a) Suite, floor, \_\_\_\_\_  
or P.O. box: \_\_\_\_\_
- b) Street address: \_\_\_\_\_
- c) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- f). Telephone number of facility: \_\_\_\_\_



A·R·C

**FORM 618 – ARC DATABASE UPDATE CHANGE**

---

**SIGNATURE**

\_\_\_\_\_  
Signature of Owner or Corporate Officer

\_\_\_\_\_  
Type name of above signatory

\_\_\_\_\_  
Type title of above signatory

\_\_\_\_ MM/DD/YYYY  
Date Signed

**APPLICATION CHECKLIST**

**INCLUDE THE FOLLOWING WITH THIS APPLICATION (IF APPLICABLE)**

1.  If applicable, a copy of notification from the Post Office that the street number, street name or zip code (including 4-digit extension) has changed.

**KEEP ONE COPY OF THIS APPLICATION IN ITS ENTIRETY FOR YOUR RECORDS**

**MAIL APPLICATION AND ALL ATTACHMENTS AND COPIES TO:**

**AIRLINES REPORTING CORPORATION  
ACCREDITATION  
4100 NORTH FAIRFAX DRIVE, SUITE 600  
ARLINGTON, VA 22203-1629**