

New Locode/Master Agreement Request Form

Local Agency information:

Agency Name: _____

Agency Mailing Address: _____

Attention Person (if any) and Title: _____

Agency Phone Number: _____

Local Agency Employee in Responsible Charge:

- Name: _____

- Title: _____

- Email Address: _____

Caltrans District: _____

County Name: _____

State Assembly District No: _____

State Senate District No: _____

Congressional District No: _____

DUNS No (<http://dnb.com/us/>): _____

RTPA: _____

MPO (if applicable): _____

Urban Area (if applicable): _____

Air Basin: _____

DLAE information

Requested by: _____

District Signature (concurrence with request): _____

Date:

Address: _____

Phone No.: _____

E-Mail Address: _____