

**ARIS 115**  
**Non-ARS Employer Code**  
**Request Form**

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**All fields must be completed**, for your request to be processed. Completion of the form helps correctly identify and/or distinguish entities in ARIS.

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Date of Request:

Requesting Area:

Name of organization:

English Translation (if foreign):

Organization's website:

Address:

City:

State:

Zip code:

Country: