



Use this application to request approval for the temporary closing of an Agency for up to 30 days due to severe circumstances, beyond your control, such as: fire, flood, illness. This request must be made within 10 days of the closing of the agency location. If the agency location does not become operative within the thirty days, ARC may terminate the agreement with the closed location following ten days advance notice to the agent.

**Note:** Temporary Closings are not intended to be used as a substitute to an Address Change request. If you are permanently relocating the agency, please login to [MyARC](#), use the Accreditation tool, and submit an Address Change request.

**Part 1 - Current Accredited Location Information**

**A. Legal Name and Address**

- 1. ARC Number: \_\_\_\_\_  Home Office     Branch     STP
- 2. Legal Name: \_\_\_\_\_
- 3. Suite/Floor/P. O. Box: \_\_\_\_\_
- 4. Street Address: \_\_\_\_\_
- 5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B. Temporary Closing Information**

- 1. Date agency closed: \_\_\_\_\_
- 2. Reason for temporary closing: \_\_\_\_\_
- 3. Date agency will reopen: \_\_\_\_\_

**Part 2 – Owner's Information**

- 1. Owner's Name: \_\_\_\_\_
- 2. Home Address: \_\_\_\_\_
- 3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 4. Home Telephone: \_\_\_\_\_

**Important:** "No sales" reports will be automatically submitted.

**Signature**

As Consideration for this request, I hereby agree to the forgoing terms and conditions. By signing this document, the signed acknowledges the information is true and correct.

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

\_\_\_\_\_  
Printed Name of Owner or Officer

Date: \_\_\_\_\_

**Mail completed application to:**

Airlines Reporting Corporation  
Attention: Accreditation  
3000 Wilson Blvd., Suite 300  
Arlington, VA 22201