

## TYPE 5 APPLICATION AGREEMENT

Applicant submits this Application (“Application”) to Airlines Reporting Corporation (“ARC”) for approval as an ARC accredited Agency (“Agent”). In consideration of ARC's evaluation of the Application, including other materials and attachments submitted, the Applicant acknowledges and agrees as follows:

1. The Applicant must, except as this Application Agreement permits otherwise, meet the same requirements and criteria as though the Applicant were an ARC accredited Agency being reviewed for retention on the ARC Agency List under the terms of the Agent Reporting Agreement (ARA) located at <https://www2.arccorp.com/support-training/agent-reporting-agreement>.

2. The following definitions apply to the Application, including any in addition to those contained in the ARA:

*Canceled (Terminated)*: means the status of a former ARC accredited entity\*: (1) whose ARA\*\* was terminated by ARC; or 2) subject to the additional operating requirements of Section 34 (or former Section IX) of the ARA at the time when it voluntarily terminated its ARA; or (3) subject to a demand made pursuant to Section 13 (or former Section XV.A) of the ARA at the time when it voluntarily terminated its ARA; or (4) that failed to pay amounts owed to ARC or the airlines at the time when it voluntarily terminated its ARA; or (5) whose voluntary termination was subsequently amended by ARC to show failure to pay an amount owed under the ARA; or (6) that failed to pay amounts owed under the ARC Travel Agent Service Fee Agreement.

*Presently in default*: means the status of an ARC-accredited entity during the 30-day period referred to in Section 33.7 (or former Section VIII.D.1.e) of the ARA or any extension granted under the ARA.

3. An Application is not complete until all required documents and information have been received by ARC with all required signatures and fees paid. ARC will not approve an incomplete Application. Upon receipt of a complete Application, ARC will notify the Carriers and the System Providers. Signatures sent or received by fax or email will constitute original signatures and will be treated the same as original signatures.

4. ARC will conduct such investigation as it deems appropriate to verify the accuracy of the information presented in the Application.

5. Applicant will promptly notify ARC in writing of each material change that occurs after the Application is submitted and before it is approved or disapproved. Failure to notify ARC will itself constitute a material misrepresentation or inaccuracy in the Application which could result in disapproval of the Application. All submitted materials and documentation should include the applicable Application (Request) number.

6. Within 90 days after receipt of a complete Application, ARC will, except as provided in this Application Agreement, approve, disapprove, or reject the Application and notify all Carriers and System Providers and the Applicant (and in the case of disapproval, provide the reasons).

7. ARC will disapprove the Application if it finds that Applicant does not meet the requirements for inclusion on the ARC Agency List or cannot be relied on to adhere to the terms of the ARA.

8. If the Application is disapproved, Applicant's sole right of recourse will be to have the disapproval reviewed by the Travel Agent Arbiter (TAA) in a *de novo* arbitration proceeding in which Applicant has the burden of proof. Such proceeding will be conducted in accordance with the TAA's published rules of practice and procedure, and the decision of the TAA will be final and binding on Applicant and ARC.

9. Applicant expressly waives any and all claims, causes of action, and rights to recovery related to any publication or disclosure by ARC, ARC participating carriers and/or the Travel Agent Arbiter of any asserted reasons for approval or disapproval of the Application provided that such reason(s) is reasonably related to the discharge or exercise of ARC's rights and obligations and/or the performance of ARC's officers, directors, employees and/or representatives in evaluating, approving, and/or disapproving or taking other action related to this Application.

10. Applicant agrees ARC will be entitled to rely conclusively upon any information or document provided to ARC, or any action taken, or information provided in the Application submitted electronically (or in any other format) by Applicant, Applicant's representatives or Accreditation Tool users and administrators. Applicant will not contest the legally binding nature, validity or enforceability of such transactions or activities initiated, performed or taken in or through electronic means, including the ARC Accreditation Tool, based on the fact that it was done or entered electronically, and expressly waives any rights to assert such claims.

*\* For purposes of section 2 of the Application Agreement, ARC accredited entity includes: ARC Accredited Agent, Corporate Travel Department (CTD), Sovereign Entity Agents and CTDS, and Verified Travel Consultants.*

*\*\* For purposes of section 2 of the Application Agreement, references to the Agent Reporting Agreement (ARA) include, in addition, the Corporate Travel Department Reporting Agreement (CTDRA), Sovereign Entity Reporting Agreements, the Verified Travel Consultant (VTC) Agreement, the ARP Agent Agreement and the Passenger Sales Agency Agreement of the Air Traffic Conference (ATC)*

July 2015



Privacy Notice: All information submitted during the application process will be managed in accordance with ARC’s Privacy Policy. For more information, please visit <https://www2.arccorp.com/site-privacy-policy/>.

There is a processing fee of \$2,300.00 payable by credit card via [www.arccorp.com/payment/](http://www.arccorp.com/payment/).

This application is to be used for the transfer of the agency to a new entity with new owners.

**Preparer Information**

All correspondence regarding this application will be sent to the individual designated below:

- 1. Name of Preparer: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
- 2. Business Name: \_\_\_\_\_
- 3. Street Address: \_\_\_\_\_
- 4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 5. E-mail Address: \_\_\_\_\_
- 6. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Part 1 – Current Agency Information**

**A. Current Agency Legal Name and Address**

- 1. ARC Number: \_\_\_\_\_
- 2. Legal Name: \_\_\_\_\_
- 3. Doing Business as (dba) Name: \_\_\_\_\_
- 4. Suite/Floor/P. O. Box: \_\_\_\_\_
- 5. Street Address: \_\_\_\_\_
- 6. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 7. E-mail Address: \_\_\_\_\_
- 8. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**B. Locations Included in the Ownership Change**

- 1. The ownership change application involves the following type(s) of location(s) (check one):
  - An Independent Entity, (a single independent location) transferring to a new agency
  - A single Branch location becoming a New Independent Entity. Provide the Branch’s current Home Office ARC Number: \_\_\_\_\_
  - Branch location hosting Satellite Ticket Printer(s) Provide the Branch’s current Home Office ACN: \_\_\_\_\_
  - Multiple locations: Home Office plus Branch(s) and/or Satellite Ticket Printer(s) transferring to a new agency



2. **List all locations involved.** If one or more locations of the current entity are included in the ownership change, please list the ARC Number below. If there are more than 20 office locations, please list them on a separate sheet with the same heading.

1 _____	2 _____	3 _____	4 _____	5 _____
6 _____	7 _____	8 _____	9 _____	10 _____
11 _____	12 _____	13 _____	14 _____	15 _____
16 _____	17 _____	18 _____	19 _____	20 _____

If any of the ARC Numbers listed are being not involved or included in the ownership change, you must complete a “Voluntary Cancellation” form for each location.

If any of the STP locations listed are being re-designated from one Host to another Host Location, you must complete a “Re-designate the Host of a STP Location” form.

**C. Current Ownership Information**

**Table One is for information about individual owners of the current agent. If the current agent has any owners that are business entities you will also need to complete Table Two.**

**Table One**

In the table below, list all individuals who are owners, officers, directors, partners, shareholders, LLC managers, or members of the current travel agency. Please include the name, title, and Social Security Number (SSN) for each person listed in the table below. If any person listed below is a shareholder of the applicant travel agency, provide the percent of shares owned by that person. Corporations are the only entity required to complete the “Shares Owned” column. *If the current agent is a corporation the total percentage of shares listed below must equal 100%.*

First Name, Middle Name, Last Name	Title	Social Security Number	% of Shares Owned

**If you DO NOT have any owners that are Business Entities, you do not need to complete Table Two and you can move on to Part 2 of the application**

**Table Two**

In the table below, list all, if any, business entities that are partners, shareholders, or members of the applicant travel agency. Provide the name(s) of each business entity and Federal Taxpayer ID Number for each owning business entity. If one or more of the owning entity(s) listed below is a shareholder of the current travel agency; provide the percentage of shares of the current agency owned by each owning entity. Provide a separate list of the owners, LLC managers or members, partners or shareholders and, if applicable, all corporate officers for each owning entity. If one or more of the owning entity(s) is a non-US corporation, please select the applicable response. Corporations are the only entity required to complete the “Shares Owned” column.

Name of Owning Entity	Type of Owning Entity (Corp, LLC, Partnership)	Non-US Corp (Yes or No)	Federal Taxpayer ID Number	% of Shares Owned

*If additional space is needed, complete and insert Ownership Change Continuation form.*

**Part 2 - Proposed Agency Information**

**A. Proposed Legal Name and Address**

1. Legal Name: \_\_\_\_\_
2. Doing Business as (dba) Name: \_\_\_\_\_
3. Suite/Floor/P. O. Box: \_\_\_\_\_
4. Street Address: \_\_\_\_\_
5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. E-mail Address: \_\_\_\_\_
7. Website Address: \_\_\_\_\_
8. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**B. Proposed Agency Entity Type**

1. Select the applicable entity type:
  - Proprietorship:** If the applicant is a proprietorship, please provide the name and SSN of the sole-proprietor and proprietor's spouse.
  - Partnership:** If the applicant is a partnership, provide the names and SSNs of all partners and indicate whether each individual is a general or limited partner.
  - Non-Public Corporation:** If the applicant is a non-public corporation, please provide the name and SSN of each shareholder. If any of the shares are un-issued, please indicate that as well (for example, Smith 50% un-issued 50%).
  - Publicly Traded Corporation:** If the applicant is a publicly traded corporation, enter the names, titles and SSNs of all officers and directors who are responsible for the operation and personnel of the entity.
  - Limited Liability Company:** If the applicant is a Limited Liability Company (LLC), provide the names of all members and also indicate those individuals who are managing members or directors.
  - Other:** \_\_\_\_\_
  
2. If the entity (applicant) is a corporation or LLC provide the date and state where it was incorporated or organized:  
 Date: \_\_\_\_\_ State: \_\_\_\_\_
  
3. Internal Revenue Service Employer Identification Number or Taxpayer Identification Number of proposed agency:  
 \_\_\_\_\_

**C. Proposed Ownership Information**

**Table One is for information about individual owners. If the applicant has any owners that are business entities you will also need to complete Table Two.**

**Table One**

In the table below, list all individuals who are owners, officers, directors, partners, shareholders, LLC managers or members of the proposed travel agency. Please include the name, title, Social Security Number (SSN) for each person listed in the table below. If any person listed below is a shareholder of the proposed travel agency, provide the percent of shares owned by that person. Corporations are the only entity required to complete the “Shares Owned” column. Each person listed must complete and provide a Personal History Form (PHF).

*If the proposed agent is a corporation, the total percentage of shares listed below must equal 100%.*

First Name, Middle Name, Last Name	Title(s)	Social Security Number	% of Shares Owned

**If you DO NOT have any owners that are business entities, you do not need to complete Table Two and you can move on to Part 3 of the application.**

**Table Two**

In the table below, list all, if any, business entities which are partners, shareholders, or members of the proposed travel agency. Provide the name(s) and Federal Taxpayer ID Number for each owning business entity. If one or more of the owning entity(s) listed below is a shareholder of the proposed travel agency, provide the percentage of shares owned by each owning entity. Provide a separate list of the owners, LLC managers or members, partners or shareholders and, corporate officers (as applicable) for each owning entity. ARC may require PHFs from those individuals. If one or more of the owning entity(s) is a non-US corporation, please select the applicable response. Corporations are the only entity required to complete the “Shares Owned” column.

Name of Owning Entity	Type of Owning Entity (Corp, LLC, Partnership)	Non-US Corp (Yes or No)	Federal Taxpayer ID Number	% of Shares Owned

*If additional space is needed, complete and insert Ownership Change Continuation form.*

**D. Affiliation with another ARC-Accredited Agency**

1. Does any person or business entity with an ownership interest in, or an affiliation with the Applicant, also have an ownership or financial interest in, or an affiliation with any other ARC accredited entity?  Yes  No

**If “Yes”, please provide the following details for each person and business entity:**

- a. Name of the individual owner or owning entity:
  - i. Person: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_
  - ii. Entity: \_\_\_\_\_
- b. Social Security Number or Tax ID Number (as applicable): \_\_\_\_\_
- c. If applicable check the appropriate box to describe individual’s or entity’s ownership interest with agency:
  - Owner  Officer  Director  Partner  Member  Shareholder, % shares \_\_\_\_\_,  Other
- d. If “Other” selected in question (c), please explain : \_\_\_\_\_
- e. Legal name of the other ARC accredited entity: \_\_\_\_\_
- f. ARC Number of other ARC accredited entity: \_\_\_\_\_
- g. Dates of affiliation: From: \_\_\_\_\_ To: \_\_\_\_\_

2. Has the applicant been previously accredited by ARC?  Yes  No

a. If yes, please provide the ARC Number: \_\_\_\_\_

*If more than one individual or entity is identified, complete and submit an “Affiliation with Another ARC Accredited Agency” form for each additional person or entity.*

**Part 3 – Licenses and Permits**

Does the Applicant have the licenses and permits (federal, state, local, as applicable) required to operate its travel agency business?  Yes  No

**If “Yes,” please include a copy of each required license, permit, etc. with this application.**

**Part 4 – Access to ARC On-line Services and Tools**

Accredited Agents communicate and transact business with ARC and the Carriers using various ARC Tools (including for example, My ARC, Document Retrieval Service, and Interactive Agent Reporting – IAR for submission of sales reports, etc.). Please note that the person(s) identified in Part 4 will perform the administrative functions for the proposed agent’s Tool users, including, but not limited to creating and revoking of users and designating Tool Administrators.

**A. My ARC Web Portal: My ARC Primary Administrator**

Provide the following information for the person designated as My ARC Primary Administrator. This person will have access to all ARC Tools and will administer access to ARC tools by the agency’s users. Any communication or business transaction (for example, the submission of an application form or request) with ARC conducted through an ARC Tool by the My ARC Primary Administrator or any individual who has been granted access to the Tool by the My ARC Primary Administrator or a Tool Administrator, will be deemed to have been submitted and authorized directly by the Agent and will have the same force and effect as if they were submitted or signed by and owner or officer of the Agent.

1. Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

2. Email Address: \_\_\_\_\_

3. Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**B. ARC’s Document Retrieval Service (DRS): Security Manager and Principal**

The Document Retrieval Service contains up to 39 months of transactional data reported by the agent that is accessible by the Security Manager and your agency’s DRS users. The DRS Security Manager will administer access to the Document Retrieval Service and perform administrative functions related to use of the DRS including but not limited to creating and revoking DRS users and user accounts.

Please provide the following information about the Principal information below. The Principal must be an owner, or an officer if the proposed agent is a corporation. The Principal is required to provide a security “question and answer” that verifies his/her identity when contacting ARC with questions about matters relating to DRS and changes to the DRS Security Manager.

- 1. Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
- 2. Email Address: \_\_\_\_\_
- 3. Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_
- 4. Security Question: \_\_\_\_\_
- 5. Security Answer: \_\_\_\_\_

Will the person identified above as the Principal also be serving as the Security Manager?  Yes  No

If “No” please provide the following information for the applicant’s DRS Security Manager.

- 1. Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
- 2. Email Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**Part 5 - Management Qualifier Information**

The Management Qualifier must be a full time employee of the proposed agent who is responsible for the operations of the proposed agent’s agency locations. Provide the following information for the agency employee designated as the Management Qualifier. The Management Qualifier must complete and submit a Personal History Form.

- 1. Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
- 2. Email Address: \_\_\_\_\_
- 3. Has the applicant personally verified the management qualifier qualifications and Personal History form?  Yes  No

**Part 6 - ARC Specialist Qualifier (ASQ) Information**

Provide the following information for the ARC Specialist Qualifier. The ARC Specialist Qualifier must complete and submit a Personal History Form. Prior to approval of the application, the person named below must pass the ARC Specialist Qualifier exam. For more information about the exam and registration visit [www.arconlinetraining.com](http://www.arconlinetraining.com).

- 1. Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
- 2. Email Address: \_\_\_\_\_
- 3. Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_
- 4. Has the person named about passed the ASQ Exam?  Yes  No

If “No”, you **must** provide the date when the named individual will take the exam. \_\_\_\_\_

- 5. Has the applicant personally verified the ARC Specialist qualifications and Personal History form?  Yes  No



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## Part 7 - Information about Bank and Security for ARC Traffic Documents

### A. Classification of Agency

Will the Agency only issue Electronic tickets (E-tickets) and only use traffic document in electronic format?

- Yes  No

If you answered "Yes," the Agency will be classified as an Electronic Office, which is not authorized to use or order paper or automated traffic documents (paper tickets). *You may skip* sections B through E which are not applicable to an Electronic Office. Please complete Section F Designated Bank Account Information.

If you answered "No," complete sections B- F.

### B. Automated Ticket Printer

Describe where the automated ticket printer will be located:

- The ticket printer will be located in a separate room within the agency accessible only to agency personnel.  
 The ticket printer will be located in a separate area within the agency accessible only to agency personnel.  
 Other: describe: \_\_\_\_\_

### C. Automated Traffic Documents

Describe the security for the automated traffic documents located in the ticket printer:

- The automated traffic documents will be locked inside the printer  
 The printer and automated traffic documents therein will be housed in a locked container  
 The printer and traffic documents will be placed in a locked room.

### D. Storage Containers for Working Supply of ARC Traffic Documents

Describe the type of container that will be used at the agency location for the storage of the traffic documents:

- Locked metal safe, metal filing cabinet or other metal container, under the exclusive control of the agent, with a weight (when empty) of 200 or more pounds and a locking device meeting UL classification 768 (combination/time-locks)  
 Locked metal safe, metal filing cabinet or other metal container, under the exclusive control of the agent, which is permanently attached to the floor or wall of the agency location and a locking device meeting the UL classification 768 (combination/time-locks)

### E. Storage Location for Reserve Supply of Traffic Documents

1) Describe the storage location for the reserve supply of ARC traffic documents:

- On-premises at the agency location  
 Off-premises in a bank facility (complete section 2 below)  
 Off-premises in another ARC approved location or storage facility

2) If off-premises in a bank facility complete the following information:

- a) Bank/Facility Name: \_\_\_\_\_  
b) Street Address: \_\_\_\_\_  
c) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
d) Telephone Number: \_\_\_\_\_  
e) Deposit Box Number: \_\_\_\_\_

**F. Designated Bank Account**

Please provide the following information for the ARC designated bank account required under the ARA.

- 1. Bank: \_\_\_\_\_
- 2. City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
- 3. Transit Routing Number: \_\_\_\_\_
- 4. Account Number: \_\_\_\_\_

**G. Access to Bank Account and Traffic Documents**

List all individuals that will have access to ARC traffic documents and/or ARC bank account. Each person listed must complete and provide a Personal History Form.

First Name, Middle Name, Last Name	ARC Traffic Documents (Yes or No)	ARC Bank Account (Yes or No)

*If additional space is needed, complete and insert "Access to Bank Account and Traffic Documents" Continuation form.*

**Part 8 – Operational E-mail Address for the Proposed Agent**

Please provide the email Address designated by the proposed agent for the receipt of important directives and critical notices from ARC (including, for example, Travel Agent Communications (TAC Messages), notices concerning the agent’s status under the ARA, and changes to the ARA).

Email Address: \_\_\_\_\_



Part 9 – Verification of Traffic Documents

VERIFICATION OF TRAFFIC DOCUMENTS FORM

(For use with Change of Ownership applications)

(Complete a Verification of Traffic Documents Form for each location included in the Ownership Change application)

Legal Name of Current Agency: \_\_\_\_\_

ARC Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date Inventory Taken: \_\_\_\_\_

Instructions: Only take inventory immediately prior to submitting ownership change application. Enter the information for each type of document separately. The low to high serial numbers must equal the number on hand (e.g. 8038:793:701-8038:794:100 means there should be 400 unused traffic documents on hand.)

	Form No.	From: Serial Number:	To: Serial Number:	Total Number
4 Flight Tickets				
MCOs				
PTA's				
ATBs				
Other				

The Date of This Inventory Must Not Be Older Than 21 Days from the Date ARC Receives Your Application.

The Current Agent and the Proposed Agent state that all unused Traffic Documents supplied by ARC to the Current Agent, at the location identified above, are listed on this form. The submission of this form to ARC and its inclusion in the record of the application for change of ownership does not constitute agreement by ARC that the listed information is consistent with ARC's records. The Current Agent acknowledges responsibility for all Traffic Documents assigned to it which are not identified on this form as being transferred to the Proposed Agent, or are not accounted for to the satisfaction of ARC. The Proposed Agent acknowledges responsibilities for all ARC Traffic Documents transferred to it effective upon ARC's written approval of the change of ownership application with which this form is submitted.

If the Current Agent is classified as an Electronic Office and/or does not have any paper Traffic Documents on hand, indicate that in the table. Both the Current Agent and Proposed Agent must sign this Form.

\_\_\_\_\_  
Signature of Current Agent's Owner or Officer

\_\_\_\_\_  
Signature of Proposed Agent's Owner or Officer

Name: \_\_\_\_\_  
Printed Name of above Signatory

Name: \_\_\_\_\_  
Printed Name of above Signatory

Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Title of above Signatory

Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Title of above Signatory

**Part 10 – Certification of Current Agent**

By signing this Certification on behalf of the Current Agent I acknowledge and agree that:

- I am authorized by the Current Agent to complete and submit this Application and Certification; and
- I concur with the ownership change described in this application; and
- All statements made in the Certification and Application are true and correct; and
- Current Agent is signatory to the Agent Reporting Agreement (ARA) and remains responsible under the ARA for all transactions issued prior to the effective date of the written approval of this application,
- I acknowledge and agree that as part of the evaluation and verification process, ARC reserves the right to request additional documents and verify the statements and information provided in this Application and Attachments. Agent hereby authorizes the release to ARC of any and all documents that ARC deems necessary for the verification process, including but not limited to, lease agreements, System Provider (GDS) contracts, credit reports, employment agreements, criminal background checks, photographs and IRS documents.

I also acknowledge and understand that in order to withdraw this application, ARC must receive, prior to approval of the application, a written request to withdraw signed by an owner or officer of the Current Agent or Proposed Agent. Current Agent agrees to provide prompt written notice to ARC signed by an owner or officer, if there are any changes to any of the information provided in the Application or Attachments. Current agent understands and agrees to ARC’s instructions concerning access to My ARC and ARC Tools, including transfer of access to Tools and data to Proposed Agent and any subsequently approved agencies following approval of this Application

**Submission of Final IAR Sales Report**

Current Agent designates the following person to submit its final IAR sales report by the Submission Deadline:

First: \_\_\_\_\_ M: \_\_\_\_\_ Last: \_\_\_\_\_

Current Agent also authorizes ARC to submit all IAR sales reports that have not been submitted by the Submission Deadline and to draft the Agent’s designated bank account for the amount owed for such sales reports. Agent warrants and affirms that all of the information entered by Agent in the IAR sales reports is accurate and agrees that **ARC shall not be liable to Agent or any third party to the extent that it is subsequently determined that any information was inaccurate, incomplete and/or in any way unauthorized Agent agrees to indemnify and hold harmless ARC, ARC’s officers, employees, and representatives; and Carriers from all damages losses or claims resulting from ARC’s submission of such sales reports.**

**Travel Agent Arbiter**

If there is reason to believe that the Application does not meet the requirements of the Agent Reporting Agreement or the Application Agreement, the Application will be disapproved. In the event of disapproval, the Current and Proposed Agent will be informed of the reason for the disapproval. The undersigned, on behalf of the Current Agent, expressly waives any and all claims, causes of action, or rights to recovery, by reason of publication by ARC, participating Carriers and/or the Travel Agent Arbiter (TAA) of asserted grounds or reasons for disapproval. It is hereby understood and agreed that if this application for a change of ownership is disapproved by ARC, the sole recourse is review by the Travel Agent Arbiter, and Current Agent remains responsible for all of its locations, including those identified for transfer in this application until the earlier of such time as (1) the TAA may otherwise overrule ARC’s rejection or disapproval of this Application, or (2) until the termination of the ARA pursuant to its terms and conditions.

**Part 10 – Certification (continued on next page)**

**Part 10 – Certification (continued from previous page)**

If this Certification and Application is submitted via fax or email I certify that the electronic and original versions contain identical information. Signatures sent or received by fax or email will constitute original signatures for purposes of this Certification and the Application and will be treated the same as original signatures.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

\_\_\_\_\_  
Signature of Current Agent's **owner** (or corporate officer if Current Agent is a corporation)

\_\_\_\_\_  
Print or Type name of above signatory

\_\_\_\_\_  
Print or Type title of above of signatory

County of \_\_\_\_\_ State of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Print NAME of the person signing above (**NOT THE NOTARY NAME**)

appeared before me and, having been duly sworn by me, stated that the contents of the foregoing application are true and complete, and signed the application in my presence.

**NOTARY SEAL**

\_\_\_\_\_  
Print name of Notary Public Name

\_\_\_\_\_  
Notary Public Signature

My commission expires on \_\_\_\_\_



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**Part 11 – Current Agent Owner Contact Information**

Provide the residential address, phone number and E-mail address for the current owner for ARC coordination purposes during the application process and following ARC's determination.

Current Owner's Name: FIRST: \_\_\_\_\_ M: \_\_\_\_\_ LAST: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone No: HOME: \_\_\_\_\_ OFFICE: \_\_\_\_\_

Street address: \_\_\_\_\_

Apt/Suite No. : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Part 12 – Certification of Proposed Agent**

By signing this Certification I agree that:

- I am authorized by the Proposed Agent (Applicant) identified in this Application to complete and submit this Application and Certification,
- Prior to signing the application, I reviewed each question and answer, and
- All statements made in the Certification and Application, including all attachments, PHFs and materials submitted (in paper or electronic format) (“Attachments”) are true and correct.

On behalf of the Applicant, I also acknowledge and agree that as part of the evaluation and verification process, ARC reserves the right to request additional documents and to verify statements and information provided in the Application and Attachments. Applicant hereby authorizes the release to ARC of any and all documents that ARC deems necessary for the verification and evaluation process, including but not limited to, lease agreements, System Provider (GDS) contracts, credit reports, criminal background checks, lease agreements employment agreements, photographs and IRS documents.

Applicant agrees to provide prompt written notice to ARC signed by Applicant’s owner or officer 1) If there are any changes to any of the information provided in the Application or Attachments, or 2) if Applicant wishes to withdraw the Application.

If this Certification and Application is submitted by fax or email I certify that the electronic and original versions contain identical information. Signatures sent or received by fax or email will constitute original signatures for purposes of this Certification and the Application and will be treated the same as original signatures.

I have read and agree to the terms of the Type 5 Application Agreement and Terms (“Agreement”) for the Application and agree that the Agreement remains in effect during the application process. I understand and agree that if the Application is approved in writing by ARC, Applicant (Proposed Agent) will be subject to the terms and conditions of the Agent Reporting Agreement (ARA).

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

\_\_\_\_\_  
Signature of Proposed Agent’s **owner** (or corporate officer if Proposed Agent is a corporation)

\_\_\_\_\_  
Print or Type name of above signatory

\_\_\_\_\_  
Print or Type title of above of signatory

County of _____ State of _____	<b>(FOR NOTARY USE ONLY)</b>
On this _____ day of _____, 20_____	
_____ Print NAME of the person signing above ( <b>NOT THE NOTARY NAME</b> )	
appeared before me and, having been duly sworn by me, stated that the contents of the foregoing application are true and complete, and signed the application in my presence.	
<b>NOTARY SEAL</b>	_____ Print name of Notary Public Name
	_____ Notary Public Signature
	My commission expires on _____



Part 13 – Memorandum of Agreement

MEMORANDUM OF AGREEMENT TO THE AGENT REPORTING AGREEMENT

Print: LEGAL NAME OF AGENT: [The legal name must be identical to the legal name shown on the Application and the Financial Instrument.]

STREET ADDRESS:

CITY: STATE: ZIP CODE:

The parties to this "Memorandum of Agreement to the Agent Reporting Agreement" ("MOA") are the Agent identified above ("Agent"), Airlines Reporting Corporation ("ARC"), and each Airline which is or may become a party to ARC's "Airline Services Agreement" and has appointed Agent as its agent for the issuance of ARC Traffic Documents in connection with sales of air transportation and/or ancillary services ("Airline").

Each of the parties hereby agrees to be bound by the terms and conditions of the "Agent Reporting Agreement" ("ARA") effective and in place on the date of approval, and, where applicable, all attachments, addenda and supplementary agreements thereto, which are incorporated herein by reference as though fully set forth in this MOA.

Agent's use of electronic means (such as a username, password, or Log-in Credential) to transact business under the ARA with ARC and/or the Airline(s) shall have the same force and effect as a handwritten signature, shall bind the Agent for all purposes, and shall be deemed admissible as between the parties to the same extent and under the same conditions as other business records originated and maintained in documentary form in the ordinary course of business.

By the signature of its authorized representative below, Agent certifies that the representative signing is authorized to execute this MOA on behalf of the Agent and that the Agent agrees to be bound by all of the terms and conditions set forth in both the ARA and this MOA. The person executing this MOA on behalf of the Agent does hereby personally represent and warrant by his or her signature on behalf of the Agent that the execution, delivery and performance of this MOA has been duly authorized by all necessary action and does not conflict with, result in a violation of, or constitute a default under any provision of the Agent's respective articles of incorporation or organization, by laws, or any agreement or other instrument binding upon the Agent or any law, governmental regulation, court decree or order applicable to the Agent.

FOR COMPLETION BY AGENT IDENTIFIED ABOVE

BY: Signature of Agent's owner (Corporate officer if Agent is a corporation)

(Print or type name)

(Print title)

(Date signed)

FOR COMPLETION BY ARC ONLY

Following approval of the application

ARC NUMBER:

EFFECTIVE DATE OF THIS AGREEMENT:

BY: Airlines Reporting Corporation

(Vice President)

(Date)



**Part 14 – Checklist**

- Payment of non-refundable \$2,300.00 application fee.** Submit credit card payment via [www.arccorp.com/payment](http://www.arccorp.com/payment).
- A **new Financial Instrument** (a bond, letter of credit or Cash Security Deposit) is required **under the legal name of the Proposed Agent**. The Financial Instrument amount must be the same as the Current Agent’s amount OR \$20,000, whichever amount is greater. Find details and instructions at <https://www2.arccorp.com/globalassets/forms/aas/doc300.pdf>.
- Personal History Form(s)** signed and notarized: <https://www2.arccorp.com/globalassets/forms/personalhistoryform.pdf>
- Business Structure Supporting Documentation** (Check only one)
  - If a Corporation, provide a copy of the Proposed Agent’s Certificate and Articles of Incorporation.
  - If a Limited Liability Company (LLC), provide a copy of the Certificate of Organization, the Articles of Organization and the LLC Operating Agreement.
  - If a Partnership, provide a copy of the Partnership Registration/Agreement.
  - If a Sole Proprietorship, provide a copy of the fictitious name certificate.
- Copy of the **Purchase Agreement** or **Transfer of Shares Agreement**
- Internal Revenue Service (IRS) confirmation letter or IRS Form W-9**
- Valid **business license(s) and/or permit(s)** - If one is not required for your city or jurisdiction, submit a notice stating so.
- Bank Signature Card or Signed Letter** from your financial institution listing the names of individuals with access to the bank account
- If applicable, an “Ownership Change Continuation” form: <https://www2.arccorp.com/globalassets/forms/aas/cvr656.pdf>
- If applicable, a “Affiliation with Another ARC Accredited Agency” form: <https://www2.arccorp.com/globalassets/forms/aas/cvr673.pdf>
- If applicable, a “Access to Bank Account and Traffic Documents” form: <https://www2.arccorp.com/globalassets/forms/aas/cvr676.pdf>
- If applicable, a “Voluntary Cancellation” request submitted using the Accreditation Tool via
- If applicable, “Re-designate the Host of a STP Location” form: <https://www2.arccorp.com/globalassets/forms/aas/cvr605.pdf>
- If the current owner is deceased, please contact ARC at 1.855.816.8003 for further instructions prior to submitting the application.

**Note:** ARC reserves the right to request additional documents deemed necessary to verify or investigate information provided in the Application.

**Mail completed application with all required attachments to:**

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

For additional information please contact us at 1.855.816.8003 or [adm@arccorp.com](mailto:adm@arccorp.com)