



**Instructions:** If you answered "Yes" to any question in Part 6.A-C of the Personal History Form (PHF) please provide the required additional information in the corresponding question below:

Provide the ARC Number or the "pending number" assigned to the application (if known): \_\_\_\_\_

Provide the full legal name of Agent/Applicant: \_\_\_\_\_

(Unless otherwise stated in this Form the terms Agency/ Applicant also includes CTDs and VTCs)

Provide the full legal name of the person to which the following responses apply: \_\_\_\_\_

**A. Travel Industry Affiliation**

**1. Affiliation with Any Accredited Agency or Travel Company**

Provide the following information if you ever had a financial or ownership interest in, or a connection or affiliation with, any travel company or company accredited by ARC, ARP, ATC, IATAN, or IATAN. If additional space is needed, please attach information on a separate sheet of paper using the same headings below (a-f).

a. ARC or IATA Number (if applicable): \_\_\_\_\_

b. Legal name of Company in with which you are/were affiliated: \_\_\_\_\_

c. Street address: \_\_\_\_\_

d. Suite, Floor, or P.O. Box City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e. Dates of your affiliation: From (MM/YYYY): \_\_\_\_\_ To: \_\_\_\_\_

f. Your role at the Company: \_\_\_\_\_

**2. Affiliation with Non-Accredited Agency or Travel Company**

Provide the following information if you ever had a financial or ownership interest in, or a connection or affiliation with, any non-accredited travel agency or a business offering general travel services. If additional space is needed, please attach information on a separate sheet of paper using the same headings below (a-f).

a. Name of the non-accredited agency or travel business: \_\_\_\_\_

b. Street address: \_\_\_\_\_

c. Suite, Floor, or P.O. Box: \_\_\_\_\_

d. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e. Dates of your affiliation: From (MM/YYYY): \_\_\_\_\_ To: \_\_\_\_\_

f. Your role at the Company: \_\_\_\_\_

**3. Affiliation by a Family Member**

Provide the following information if any member of your family currently have, or has ever had, a financial or ownership interest in, or an affiliation or connection with any travel company or company accredited by ARC, ATC, ARP, IATA or IATAN. [Note: Family members include but are not limited to, your spouse, siblings, children, parents, and in-laws.]

a. Family Member First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

b. Relationship of the person identified in 3(a) to you: \_\_\_\_\_

c. Name of the Company your family member was affiliated with: \_\_\_\_\_



- d. Street address: \_\_\_\_\_
- e. Suite, Floor, or P.O. Box: \_\_\_\_\_
- f. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- g. Dates of your family member's affiliation with the agent/business: From: \_\_\_\_\_ To: \_\_\_\_\_
- h. Family member's role at the Agency/Business: \_\_\_\_\_

**4. Affiliation with a Canceled Agent**

Provide the following information if you ever had a financial or ownership interest in, or a connection or affiliation with, any agent whose Agreement was canceled or terminated by ARC, ARP, IATA or IATAN. If additional space is needed, please attach information on a separate sheet of paper using the same headings below (a-j).

- a. ARC Number: \_\_\_\_\_
- b. Canceled Agent's Legal Name: \_\_\_\_\_
- c. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- d. Dates of your affiliation: From (MM/YYYY): \_\_\_\_\_ To: \_\_\_\_\_
- e. Your role at the Agency: \_\_\_\_\_
- f. Do you make, or did you have authority to make, withdrawals from the ARC designated bank account?  No  Yes
- g. Did you have access to ARC traffic documents (including e-tickets)?  No  Yes
- h. Did you prepare or submit ARC sales reports?  No  Yes
- i. Did you have access to monies or credit card documents collected from the sale of tickets or other services issued on ARC traffic documents?  No  Yes
- j. Please include a statement describing the circumstances of your affiliation with the canceled agent(s) and explain why you and the Agent (or Applicant) can be relied on to comply with the terms of the Agent Reporting Agreement.

**5. Affiliation with an Agent Presently in Default**

Provide the following information if you ever had a financial or ownership interest in, or a connection or affiliation with any agent presently in default under the provisions of the Agent Reporting Agreement or any other ARC Reporting Agreement or the ARC Pay Program Agreement. If additional space is needed, please attach information on a separate sheet of paper using the same headings below (a-f).

- a. ARC Number: \_\_\_\_\_
- b. Canceled Agent's Legal Name: \_\_\_\_\_
- c. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- d. Dates of your affiliation: From (MM/YYYY): \_\_\_\_\_ To: \_\_\_\_\_
- e. Your role at the Agency: \_\_\_\_\_
- f. Please include a statement describing the circumstances of your affiliation with the defaulted agent and explain why you and the Agent (or Applicant) can be relied on to comply with the terms of the Agent Reporting Agreement.



**6. Involvement with Stolen, Missing or Counterfeit Traffic Documents**

If you have ever been involved in the distribution, sale or issuance of ARC Traffic Documents which you knew, or reasonably should have known, were stolen, counterfeited or reported as missing from an agent, please include a statement describing your involvement and explain why you and the Agent (or Applicant) can be relied on to comply with the terms of the Agent Reporting Agreement.

**B. Criminal History Background**

If you have ever:

- Been convicted of a felony
- Pled guilty or no contest (nolo contendere) to any felony
- Been convicted of a misdemeanor related to financial activities
- Been convicted of a misdemeanor related to computer fraud or crime
- Been found by a court to have committed a breach of fiduciary duty involving the funds of others
- Been arrested or currently under investigation by federal, state or local law enforcement authorities

Please describe the circumstances of the offense and include:

- The name of the court or jurisdiction
- The docket number
- Dates of the conviction or court determination
- A statement explaining why you and the Agent (or Applicant) can be relied on to comply with the terms of the Agent Reporting Agreement.

**C. Financial History Background**

If you have ever filed, or been the subject of a petition in bankruptcy, please provide the following information:

- a. Name and location of the court where the bankruptcy was filed: \_\_\_\_\_
- b. Chapter of the bankruptcy code under which the petition was filed:    Chapter 7            Chapter 11     Chapter 13
- c. Bankruptcy case number or docket number: \_\_\_\_\_
- d. Date when the bankruptcy was filed: \_\_\_\_\_
- e. Is the bankruptcy case closed?     No      Yes    If closed, provide the date of closure: \_\_\_\_\_
- f. Was a discharge received from the court?     No       Yes
- g. What was the final disposition of the bankruptcy? \_\_\_\_\_
- h. Have you ever been the subject of an adversary proceeding in any bankruptcy case?     No     Yes
- i. If 'Yes', please provide the name of the case, court where the case was filed, and the case number:  
\_\_\_\_\_

If you have ever been an owner, officer, director, member of management employee of any business which has ever filed, or been the subject of, a petition in bankruptcy, provide the following information:

- a. Legal name of the business (the Debtor): \_\_\_\_\_
- b. Your position/title with the business: \_\_\_\_\_
- c. Chapter of the bankruptcy code under which the petition was filed:  Chapter 7             Chapter 11     Chapter 13
- d. Name and location of the Bankruptcy Court: \_\_\_\_\_
- e. Bankruptcy case or docket number: \_\_\_\_\_



- f. Date when the bankruptcy was filed: \_\_\_\_\_
- g. Is the bankruptcy case closed?     No     Yes    If closed, provide the date of closure: \_\_\_\_\_
- h. Was a discharge received from the court?     No     Yes
- i. What was the final disposition of the bankruptcy? \_\_\_\_\_

**Please Note:**

For purposes of this form, unless stated otherwise, the terms "Agent/Applicant" and "Agent Reporting Agreement" also mean "Corporate Travel Department or CTD" and "CTD Reporting Agreement" and "Verified Travel Consultant or VTC" and "VTC Program Agreement."