



ACQUIRING AGENT'S ("Buyer's") ARC Number: _____

The Buyer must complete a Location Transfer Form for each location and STP included in the Type 4 ownership change application. This form is part of, and shall be incorporated in the Type 4 application submitted by Buyer.

1. ARC Number of location this form applies: _____

a. Doing Business as (dba) Name: _____

2. Physical Address for Location to be transferred

- a. Suite/Floor/P. O. Box: _____
- b. Street Address: _____
- c. City: _____ State: _____ Zip: _____
- d. E-mail Address: _____
- e. Telephone Number: _____ Fax: _____

3. Mailing Address for Location to be transferred (all correspondence)

- a. Suite/Floor/P. O. Box: _____
- b. Street Address: _____
- c. City: _____ State: _____ Zip: _____
- d. E-mail Address: _____
- e. Telephone Number: _____ Fax: _____

4. Classification of Agency

Effective June 1, 2018, the printing of airline tickets on Automated Ticket and Boarding Pass (ATB) ticket stock will be inhibited. After this date, all airline tickets reported and settled through the ARC system must be electronic. This change is expected to have minimal impact as today over 99.9% of the airline tickets issued through ARC are electronic, and this number is rapidly approaching 100%.

Please note that this change only applies to paper airline tickets. Travel agents will continue to have the ability to use ATBs for other purposes, including Miscellaneous Charge Orders (MCOs) and passenger receipts. Communication regarding this change will continue to ensure all parties are well-informed and prepared for the June 1, 2018, deadline.

As a result, effective June 1, 2017, all New Agents and Ownership changes will result in the classification of the location as an Electronic Office.

5. System Provider Information

Identify all GDS (system provider(s) which is, or will be used at this Location:

Amadeus Galileo Sabre Worldspan Other: _____



6. Licenses and Permits.

- a. Do the governmental authorities in the state or local jurisdiction where this Location is located require the Buyer to obtain a license or permit, etc. to operate a travel agency? Yes No

- b. Does the Buyer have the required licenses, permits, etc. for the jurisdiction in which the transferred Location is located? Yes No

NOTE: ARC reserves the right to require Buyer to provide copies of such licenses, etc.

7. Designated Bank Account for this Location

- a. Name of Bank: _____
- b. Name on Bank Account*: _____
- c. Transit Routing Number: _____
- d. Account Number: _____
 - Fill in bank account number exactly as it appears on the bank check including spaces and/or symbols.
 - If filling in Routing Number from a bank check, verify with your bank that it is an ACH Routing Number.
 - The bank account for this location must be in the name of the **Buyer.**

8. Premises

- a. Is this Location on the premises of another ARC accredited entity or STP? Yes No
 - 1. If “Yes” please provide the following information about the other agency
 - i. Agency ARC Number: _____
 - ii. Agency Legal Name: _____

- b. Upon approval of the application, will this Location share its Location, or be co-located with another business(s) (**Note:** sharing includes “sharing” with the seller, if the seller’s entity/business continues to operate as a non-ARC accredited agency at the same location and/or shares the same telephone/fax.)? Yes No

If “Yes” please provide the following information about the other business (es):

- i. Name and type of business(s): _____
 - ii. Identify all owners of the business(es): _____
 - iii. Indicate what physical separations will be in place, e.g., how will the branch be secured, lockable, etc., pursuant to Attachment B of the ARA: _____

- c. Upon approval of the application, will this Location share telephone or fax with another* business(s)? Yes No
If “Yes” please provide the following information about the other business(s):
 - i. Name(s) and type of the business(es): _____

- d. Is this Location located on the premises of a customer(s)? Yes No
If “Yes”, please provide the following information:
 - i. Name of Customer: _____
 - ii. Type of Business: _____



9. Access to Bank Account and Traffic Documents

List all individuals at this Location that will have access to ARC traffic documents and/or the ARC bank account following approval of this application.

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

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

10. Other Personnel Affiliated with this Location

Provide the full name and the information requested for each person affiliated with, connected to or employed by the applicant at this Location and whose name does not appear elsewhere in this Type 4 application.

First, MI, Last Names	Title	Is person an employee of the agent? (Yes/No)	Employee status if not employed by agent	Is person part time or full time?

If additional space is needed, complete and insert, "Individuals Affiliated with Branch" continuation form. ARC reserves the right to obtain a Personal History Form from the individuals identified above.

11. Background of Personnel Affiliated with this Location

Indicate whether any employee or other person affiliated with or connected to this Location has or had:

- A. a financial interest in, or a connection or affiliation with, or was employed by, any agent or entity previously canceled by ARC, ARP, ATC, IATA, or IATAN? Yes No
- B. a financial interest in, or a connection or affiliation with, or was employed by any agent presently in default under the ARA? Yes No
- C. been convicted of a felony or pled guilty or nolo contendere (no contest) to a felony? Yes No
- D. been convicted of a misdemeanor related to financial activity or pled guilty or nolo contendere (no contest) to a misdemeanor related to financial activity? Yes No
- E. been found by a court to have committed a breach of fiduciary duty involving the use of funds of others? Yes No

If you answer “Yes” to any of the questions in Part 11.A-E (above), please do the following:

1. **Have the person complete a Personal History Form found at <https://www2.arccorp.com/globalassets/forms/personalhistoryform.pdf>.**
2. **Have the person complete the Personal History Supplementary Response Form found at <https://www2.arccorp.com/globalassets/forms/aas/cvr671.pdf>.**



VERIFICATION OF TRAFFIC DOCUMENTS FORM
(For use with Change of Ownership applications)

Legal Name of Seller: _____

ARC Number: _____

City: _____ State: _____

Telephone No.: _____ Date Inventory Take: _____

Special Instructions: Complete one form per ACN being transferred. Only take inventory immediately prior to submitting ownership change application. Enter and complete 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 traffic documents on hand.)

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

THIS INVENTORY MUST BE COMPLETED AND SIGNED WITHIN 21 DAYS FROM THE DATE ARC RECEIVES THE OWNERSHIP APPLICATION.

The Seller and the Buyer hereby state that all unused traffic documents supplied by ARC to the agency, 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 an agreement or admission by ARC that the foregoing information is consistent with ARC's records. The Seller acknowledges responsibility for all traffic documents assigned to it which are not identified on this form as being transferred to the Buyer, and are not accounted for to the satisfaction of ARC. The Buyer acknowledges responsibilities for all traffic documents transferred to it effective upon ARC's approval of the change of ownership application with which this form is submitted.

If the office is electronic, indicate in the table that the office is electronic. Both a current and a proposed owner/officer must sign.

Signature of Seller's Owner or Officer

Signature of Buyer's Owner or Officer

Name: _____
Printed Name of above Signatory

Name: _____
Printed Name of above Signatory

Title: _____ Date: _____
Title of above Signatory Title of above Signatory

Title: _____ Date: _____