



Personal History Form



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/>.

Part 1: Personal History Form (PHF) Reference Information

A. I am providing this PHF in connection with the following application:

1. Check one of the following applications:

- New Accredited Agency
- Ownership Change
- Branch Location
- Verified Travel Consultant
- Corporate Travel Department
- Other: _____

2. ARC Number (or Application Number) for the application to which this PHF is connected, if known: _____

3. Legal name of Agency/Applicant*: _____
(*For purposes of this PHF, the term Agency also includes Corporate Travel Departments (CTD) and Verified Travel Consultants (VTC) applicants. The term "Agent Reporting Agreement" (ARA) also includes CTD and VTC Program agreements, as applicable.)

Part 2: Basic Information

Please provide the information requested below.

A. Full Legal Name: First: _____ Middle: _____ Last: _____

B. Full Maiden Name or Birth Name: First: _____ Middle: _____ Last: _____

C. All other names used: First: _____ Middle: _____ Last: _____

D. Social Security Number: _____

E. Driver's License/State Identification Number: _____ State: _____

F. Email Address: _____

G. Phone Number: _____ Mobile Phone: _____

H. Date of Birth: _____

I. Place of birth: City: _____ State: _____ Country: _____

J. List all countries of which you are a citizen: _____

K. If applicable, are you legally authorized to work in the United States for the Agency/Applicant identified in Part 1 of this PHF? No Yes



Part 3: Residence History

Please provide the following information for all the places you have lived during the **last seven years**, beginning with your current address. ARC may require residence history for a period longer than seven years. If you need more space to account for the last seven years, complete the [Residence History Continuation Page](#) found in the ARC Form Catalog.

A. Current Residence

- 1. From (MM/YYYY): _____ To: Present
- 2. Street Address: _____ Apartment Number: _____
- 3. City: _____ State: _____ Zip: _____
- 4. Country: _____

B. Other/Former Residence

- 1. From (MM/YYYY): _____ To: _____
- 2. Street Address: _____ Apartment Number: _____
- 3. City: _____ State: _____ Zip: _____
- 4. Country: _____

C. Other/Former Residence

- 1. From (MM/YYYY): _____ To: _____
- 2. Street Address: _____ Apartment Number: _____
- 3. City: _____ State: _____ Zip: _____
- 4. Country: _____

Part 4: Employment History

Beginning with your current employment or occupation, please provide the following information for all periods of employment, all of your occupations, as well as periods of unemployment, self-employment, school enrollment, or other activities during the **last seven years** (including your employment by or affiliation with the Agency/ applicant, if applicable). ARC may require employment history for a period longer than seven years. If you need more space to account for the last seven years, complete and submit the [Employment History Continuation Page](#) found in the ARC Form Catalog on www.ARCcorp.com.

A. Current Employment, Occupation, or Activity

- 1. Date of employment/activity: From (MM/YYYY): _____ To: Present
- 2. Name of Employer/School/Activity: _____
- 3. Street Address: _____
- 4. Suite/Floor/Unit: _____
- 5. City: _____ State: _____ Zip: _____ Country: _____
- 6. Telephone Number: _____
- 7. ARC or IATA Number (if applicable): _____ Title or Position: _____
- 8. Manager: First: _____ Last: _____

B. Previous Employment, Occupation, or Activity

- 1. Date of employment/activity: From (MM/YYYY): _____ To: _____
- 2. Name of Employer/School/Activity: _____
- 3. Street Address: _____
- 4. Suite/Floor/Unit: _____
- 5. City: _____ State: _____ Zip: _____ Country: _____



- 6. Telephone Number: _____
- 7. ARC or IATA Number (if applicable): _____ Title or Position: _____
- 8. Manager: First: _____ Last: _____

C. Previous Employment, Occupation, or Activity

- 1. Date of employment/activity: From (MM/YYYY): _____ To: _____
- 2. Name of Employer/School/Activity: _____
- 3. Street Address: _____
- 4. Suite/Floor/Unit: _____
- 5. City: _____ State: _____ Zip: _____ Country: _____
- 6. Telephone Number: _____
- 7. ARC or IATA Number (if applicable): _____ Title or Position: _____
- 8. Manager: First: _____ Last: _____

Part 5: Agency Roles and Responsibilities

A. I currently have, or upon approval of the application will have, access and/or authority to the following

- 1. ARC Traffic Documents (E-Tickets or Paper Documents)
- 2. Monies or credit card documents collected by/for the agency
- 3. The agency location when the location is closed, locked, or unattended by agency personnel
- 4. Make deposits into the ARC-designated bank account
- 5. Make withdrawals from the ARC-designated bank account
- 6. Prepare and submit ARC Sales Reports

B. List all positions that you hold in the company identified in Part 1 of this PHF (For example, Manager, CEO, President, Secretary, Treasurer, Shareholder, Partner, Sole Proprietor, etc.)

- 1. Title 1: _____
- 2. Title 2: _____
- 3. Title 3: _____

C. Financial Interests

- 1. If the Agency/Applicant is an LLC, are you the Managing Member? No Yes
- 2. If the Agency/Applicant is a partnership, are you the Managing Partner? No Yes
- 3. Please state the percent of beneficial ownership you hold in the Agency/Applicant: _____

D. Manager

- 1. Manager - a full-time employee of the Agent, responsible for the agency operations
 - a. Are you a full time employee of the Agent? No Yes
 - b. Will you be responsible for the operations of the agency and the and Agent's Location(s)? No Yes

Part 6 – Background

If you answer “Yes” to any of the questions in Part 6, please complete the corresponding section of the [Personal History Form Supplementary Response Form](#) and attach it to this PHF.

A. Travel Industry Background

The questions in Part 6.A seek information about connections or affiliations that you, or your family members, may have with other agencies and travel companies. A "connection" or "affiliation" may include, but not limited to previous and current employment or other association with another agency or travel company (ex. owner, officer, reservation/ticket/host agent, consolidator or independent contractor, etc.)

1. Affiliation with another Accredited Agency or Travel Company (Airline, GDS, Hotel, Cruise Line, etc.)
 - a. Do you currently have, or have 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, IATA, or IATAN? No Yes
[Note: ARP means Agent Reporting Plan (Puerto Rico); ATC means Air Traffic Conference; IATA means International Air Transport Association; IATAN means International Air Transport Association Network; BSP means Bank Settlement Plan]
2. Affiliation with a Non-Accredited Agency or Travel Company (Airline, GDS, Hotel, Cruise Line, etc.)
 - a. Do you currently have, or have 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? No Yes
3. Affiliation by a Family Member
 - a. Does any member of your family currently have, or has any member of your family ever had, a financial or ownership interest in, or an affiliation or connection with any travel company or an agent accredited by ARC, ATC, ARP, IATA or IATAN ? No Yes
[Note: Family members include but are not limited to, your spouse, siblings, children, parents, and in-laws.]
4. Affiliation with a Canceled Agent
 - a. Have 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, ATC, IATA, or IATAN? No Yes
[Note: For purposes of this question, the words "canceled" or "terminated" also refer to Agreements that were voluntary canceled or terminated.]
5. Affiliation with Agent Presently in Default
 - a. Do you currently have, or have 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? No Yes
6. Involvement with Stolen, Missing or Counterfeit Traffic Documents
 - a. Have you ever been involved in the distribution, sale or issuance of ARC traffic documents (or BSP, ATC, IATA, ARP or carrier traffic documents) which you knew, or reasonably have known, were stolen, counterfeited or reported as missing from an agent? No Yes

B. Criminal History Background

1. Have you ever been convicted of a felony or pled guilty or nolo contendere (no contest) to a felony? No Yes
2. Have you ever been convicted of a misdemeanor related to computer fraud or financial activity or pled guilty or nolo contendere (no contest) to a misdemeanor related to computer fraud or financial activities? No Yes
3. Have you ever been found by a court to have committed a breach of fiduciary duty involving the use of funds of others? No Yes
4. Have you ever been arrested, or are you currently under investigation by federal, state, or local law enforcement authorities (e.g., police, attorney general’s office, consumer protection agencies, etc.) for any offense or crime, or any alleged offense or crime? No Yes

C. Financial History Background

1. Are you presently, or have you ever been, an owner, officer, director, or management employee of any business that has ever filed or been the subject of, a petition in bankruptcy? No Yes
2. Have you ever filed, or been the subject of, a petition in bankruptcy? No Yes
3. Have you ever been the subject of an adversary proceeding in any bankruptcy case? No Yes

Part 7 – Certification

By signing this Personal History Form (PHF) Certification, I agree that:

- that the information in the PHF was completed by me, or under my direction and,
- prior to signing the PHF, I reviewed each question and answer, and
- All statements made in this Personal History Form (PHF) and any other documents or materials supplied to ARC (in paper or electronic format) in connection with this PHF, including the Supplementary Response Form, if applicable, (“Attachments”) are true and correct.

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 PHF and Attachments. I hereby authorize the release to ARC of any and all documents that ARC deems necessary for the verification process, including, but not limited to, for example, government issued I.D., credit reports, criminal background checks, lease agreements, employment agreements, photographs and IRS documents.

I understand that if the Applicant does not meet ARC’s requirements the application will not be approved. I waive any and all claims, causes of actions and rights to recovery related to any publication or disclosure by ARC, any ARC participating carrier and/or the Travel Agent Arbiter (and their respective employees and representatives) of any asserted reasons for approval or disapproval of the Application connected with this PHF, provided the 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 the Application to which this PHF is related.

I agree to promptly notify ARC in writing, if any of the answers or information provided in this PHF change.

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

PHF must be signed in the presence of a Notary Public

Signature of the Person submitting this PHF

Print name of Person signing this PHF

Print title of Person signing this PHF

(FOR NOTARY USE ONLY)

County of: _____ State of: _____

On this _____ day of _____, 20____.

(Print Name of above signatory)

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

(Print Notary Public’s Name)

NOTARY SEAL

(Notary Public Signature)

Personal History Form Checklist

Please submit the following document with your PHF:

- A copy of your valid driver's license/state identification card (front and back)
- US Citizens: Copies of documents that prove your US citizenship (for example, US Passport, birth certificate, or Naturalization Certificate)
- Non-US Citizens: All documents that prove your authorization to work and reside in the US, including, for example, your Alien Registration Card ("Green Card") and other documents and visas issued to you by the US Department of Homeland Security and/or the US Citizenship and Immigration Service and/or the US Immigration and Naturalization Service. *If you are not based in the US, submit 1) valid copies of ID registered with your country and 2) proof of citizenship of your country.*
- Supplementary forms as applicable

If any of above are not provided with your submission, this will delay the review of the application and can result in rejection or withdrawal of the application and additional fees.

ARC may require additional documentation and information to investigate and verify the information included in this PHF.

For additional information, please contact us at 1.855.816.8003 or ccchelp@arccorp.com



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:

- Name and location of the court where the bankruptcy was filed: _____
- Chapter of the bankruptcy code under which the petition was filed: Chapter 7 Chapter 11 Chapter 13
- Bankruptcy case number or docket number: _____
- Date when the bankruptcy was filed: _____
- Is the bankruptcy case closed? No Yes If closed, provide the date of closure: _____
- Was a discharge received from the court? No Yes
- What was the final disposition of the bankruptcy? _____
- Have you ever been the subject of an adversary proceeding in any bankruptcy case? No Yes
- 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:

- Legal name of the business (the Debtor): _____
- Your position/title with the business: _____
- Chapter of the bankruptcy code under which the petition was filed: Chapter 7 Chapter 11 Chapter 13
- Name and location of the Bankruptcy Court: _____
- 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.”