



ARC Verified Travel Consultant APPLICATION AGREEMENT

The applicant submits this application to Airlines Reporting Corporation (ARC) for participation to ARC's VTC Program. In consideration of ARC's evaluation of the application, the applicant agrees as follows:

1. The applicant must, except as this agreement may permit otherwise, meet the same requirements and criteria as though the Applicant were an approved VTC being reviewed for retention on the ARC List under the terms of the VTC Agreement (https://www2.arccorp.com/globalassets/forms/vtc_agreement.pdf) Upon receipt of the application, ARC will notify the airlines.
2. The following definitions apply to this application, in addition to those contained in the VTC Agreement:

Canceled: the status of a former VTC (1) whose VTC Agreement was terminated by ARC, (2) who was subject to the additional operating requirements of the ARA or ARC Pay Agreement at the time when it voluntarily canceled its agreement, (3) who failed to pay amounts owed to ARC at the time when it voluntarily canceled its agreement, (4) or whose voluntary cancellation was subsequently amended by ARC to show failure to pay an amount owed pursuant to the ARA or VTC Agreement.*
3. An application is not complete until all required documents and information have been received with all required signatures and fees paid. ARC will not approve an incomplete application. Faxed/Email and scanned signatures shall constitute original signatures and shall be treated with the same force and effect as original signatures.
4. ARC will conduct such review, as it deems appropriate to verify the accuracy of the information presented in this application.
5. The 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 so notify ARC will itself constitute a material misrepresentation in the application.
6. Within 30 days of the receipt of a complete application, ARC will approve, disapprove, or reject and return the application and so notify all airlines
7. ARC will disapprove this application if it finds that the applicant does not meet the requirements for inclusion on the ARC list or cannot be relied on to adhere to the terms of the VTC agreement. Applicant may reapply after 6 months from the date of disapproval. Additional requirements may be required to re-apply. Applicant may only submit a maximum of two applications.
8. All application decisions are made at ARC's sole discretion.
9. The applicant hereby waives all rights based on libel, slander, or defamation of character by reason of ARC's publication of any reason for disapproval of this application, provided that such reason is reasonably related to the discharge of ARC's obligations, the exercise of its rights, or the performance of its officers, directors, and/or employees in evaluating and approving or disapproving 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 this Agreement, references to the ARC List and the Corporate Travel Department Reporting Agreement include, in addition, the Agent Reporting Agreement, Verified Travel Consultant Agreement and the Passenger Sales Agency Agreement and its predecessor Sales Agency Agreement, of the Air Traffic Conference of America (ATC), as well as the ARP List of Agents and the ARP Agent Agreement.



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A. General Qualification Requirements

1. The Applicant must be an entity that is registered in the U.S, or a foreign corporation authorized to do business in the local jurisdiction in which the VTC is situated
2. The name of the Applicant or any information displayed on any website or mobile application owned, operated, or used, is not the same as, or misleadingly similar to, an airline's name or any information displayed on airline's website or mobile application, unless authorized by the Airline to do so. This includes any name involving the terms "ARC," "Airline(s)," "Air(s)," "Flight(s)," "Fly", or "Reservation(s)". Any website or mobile application owned, operated, or used must not include any text, color scheme, layout, or design similar to those of any airline in a manner that could be considered misleading, as determined by ARC at its sole discretion, and must not include any images containing airline's logo or branded aircraft imaging or other marks, without the airline's prior written consent. Representatives of the Applicant must not communicate or make any representations to any third-party, whether directly or indirectly by phone, e-mail, social media or any other method, that they are employed by, affiliated with, subcontracted by, or otherwise represent any airline.
3. Each Applicant must have an IRS Taxpayers Employer Identification Number (EIN), which is obtained from the Internal Revenue Service.

B. The Applicant Will Be Ineligible For ARC Approval If:

1. There was a material misrepresentation or inaccuracy in the application or any attachments to the application
2. Any person involved in the day-to-day operations is not a citizen or national of the U.S. or an alien authorized employment in the U.S.
3. The VTC does not have a physical location in the U.S. and does not have the requisite licenses of the jurisdiction in which it is located
4. ARC has reason to believe that the applicant, or any person with a financial interest in the applicant, any officer, director, manager or anyone employed in any capacity in which that person has access to ARC tools or money from a sale:
 - a. Currently have and/or previously had a financial interest in, or a connection or affiliation with any terminated or canceled VTC or with any ARC-accredited entity or VTC previously canceled or terminated from the ARC Agency List. During the application process, the prospective VTC can contact ARC to assist in verifying this information.
 - b. Currently have and/or previously had a financial interest in, or a connection or affiliation with any ARC accredited entity or VTC presently in default or suspended under the provisions of the ARC Agent Reporting Agreement (ARA), the VTC Agreement or the ARC Pay Agreement;
 - c. Have been convicted of a felony, or a misdemeanor related to financial activities or fraud, or been found by a court of competent jurisdiction to have committed a breach of fiduciary duty involving the use of funds of others;



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C. Processing Time

ARC may take up to 30 days to process a complete application and will conduct such investigations, as it deems necessary to verify the accuracy of the information presented. An application is not considered complete until all information and documents requested have been submitted, all documents have all signatures and notarizations, and all fees have been paid.

D. Prior to Approval

1. The Accreditation Process

- a. When ARC receives your application, it is loaded into a database and an agency file is created. From there the accreditation process begins and takes approximately 30 days from the receipt of a complete application.
- b. All questions or discrepancies must be resolved before the final decision can be made and the approval of your application.
- c. If you have submitted the application and discover a material or major omission or change, you must notify ARC in writing immediately.
- d. You will receive correspondence regarding status of your application. If you receive correspondence indicating information is required and you do not respond, ARC will cease processing of your application.

2. The Decision

- a. ARC will review the application and all supporting documents submitted. If additional information is required you will be contacted. Failure to respond may result in denial of your application.
- b. If your application meets all requirement of the VTC Agreement, your application will be approved and you will receive an email notification of your approval. Upon your approval ARC participating airlines will be notified.
- c. If your application is not approved, ARC will advise you of the reasons why and provide you with options to reapply.
- d. Approval of this application does not automatically provide access to all ARC tools and services, some of which may be subject to a separate request and approval process.

E. General Definitions

Accreditation

Applicant's application and Location(s) have been approved by ARC and have been included on the ARC Agency List

Applicant

Any individual or Entity that applies for or requests to be included in ARC's Agency List

ARC Agency List

The list owned and maintained by ARC, which includes, among other things, the name, address, and ARC Number(s) used to identify each Location that has been approved by ARC.

ARC Number

ARC's 8-digit identifier of each VTC location



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Location

A place of business operated by the VTC

Material Misrepresentation or Inaccuracy

Any omission, concealment of facts, or any incomplete, untrue, fraudulent, or falsely-certified statement or information submitted by an Applicant, that would have an impact on ARC's decision.

Entity

Includes, but is not limited to, a sole proprietor, corporation, partnership, association company, or firm

Please complete the checklist prior to submission of the application. Failure to submit the necessary supporting documents may result in a delay or withdrawal of your application.

- ☐ **Payment of non-refundable \$ 195.00** application via credit card www.arccorp.com/payment
- ☐ **Business Structure Documents** (submit the following documents as applicable)
 - ☐ **For Corporation:** Certificate and Articles of Incorporation
 - ☐ **For Limited Liability Company (LLC):** Certificate and Articles of Organization, LLC Operating Agreement
 - ☐ **For Partnership:** Partnership Agreement
 - ☐ **For Sole Proprietorship:** Fictitious Name Certificate

Copy of valid business license(s) and/or permit(s) and required state Sellers of Travel Certificate (e.g. California and Florida - if one is not required for your city or jurisdiction, submit a notice stating so.

- ☐ **Personal History Form(s)** signed and notarized:
<https://www2.arccorp.com/globalassets/forms/personalhistoryform.pdf>. This form must be submitted for every owner, officer, director, partner, shareholder or LLC member, call center manager. For each form, please provide: 1) a copy of a valid state ID or driver's license and 2) copy of valid proof of citizenship and/or authority to work in the U.S. (ex. passport, birth certificate, permanent resident card, work permit, etc.).

Internal Revenue Service (IRS) confirmation letter or IRS Form W-9

If the agency operates outside the state in which the company was originally registered/organized, submit a copy of the **Certificate of Good Standing** (or equivalent) from the state where the agency operates.

Bank Signature Card or Signed Notice from your financial institution confirming the bank's name (letterhead), the bank account number and the names of all individuals with access to the bank account. All individuals listed must be added to the appropriate section of this application.

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

Send completed application with all required attachments to: apply@arccorp.com

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

For ARC use only:

Application/Case Number: _____

Payment Information: _____

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/>.

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. E-mail Address: _____
4. Telephone Number: _____
5. Your role/connection with the Applicant : _____

Part 1 – Business Information

A. Entity Information

1. Legal Name: _____

The applicant must not have a name, fictitious name or "doing business as" name, which contains the term "Airline(s)", "Air", "Flight(s)", "Fly" "Fare(s)", or "Reservation(s)".

2. Fictitious (dba) name: _____
3. Telephone Number: _____
4. E-mail Address: _____
5. Agency Website(s): _____

Please list other website(s) on a separate sheet of paper if needed

6. IRS Employer Identification Number (EIN) or Taxpayer Identification Number (TIN): _____

7. Select the type of business entity structure which describes the Applicant:

- | | | |
|---|--|--|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Non-Public Corporation | <input type="checkbox"/> Publicly Traded Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Other: _____ |

8. If the entity (Applicant) is a corporation or LLC, provide the date and state where it was incorporated or organized

- a. Date: _____ State: _____

B. Entity Location

1. **Physical Address** (Business location of the Entity – No PO Box, Parcel Box locations, or virtual office locations)

a. Street Address: _____

b. Suite/Apartment/Unit/Floor: _____

c. City: _____ State: _____ Zip: _____

☐ Private Residence
☐ Store Front
☐ Commercial Office
☐ Other: _____
2. **Mailing Address** – Address to which all correspondence should be mailed:

a. Street Address: _____

b. Suite/Apartment/Unit/Floor/PO Box: _____

c. City: _____ State: _____ Zip: _____

Part 2 - Bank Account Information

A. Designated Bank Account

Please provide information for the bank account you intend to use for transactions issued under the VTC agreement.

1. Bank/facility name: _____
2. City:_____ State:_____ Zip: _____
3. Transit Routing Number: _____
4. Account Number: _____

B. Access to Bank Account

List all individuals that will have access to ARC bank account.

First Name, Middle Name, Last Name

Part 3 - Entity Ownership

Please complete the tables below to reflect the most accurate ownership information

A. Ownership Information

The Financial Interest of both ownership tables must total 100%. Except where the Applicant is a legal entity whose shares are listed on a security exchange or are regularly traded in an 'over the counter' market, the ownership shown here must total 100%.

Table One – Individual Owners

In the table below, list all **INDIVIDUALS** who are owners, officers, directors, partners, shareholders, LLC managers, or members of the applicant. If any person listed below has a financial interest in the applicant, provide the percent of financial interest controlled by that person. Please provide a **Personal History Form** for each individual listed.

First Name, Middle Name, Last Name	Title	Social Security Number	Financial Interest %

If additional space is needed, complete and insert [Ownership of Applicant Continuation Form](#)

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 the next section of the application.

Table Two – Owning Business Entities

In the table below, **LIST ALL BUSINESS ENTITIES** ("Owning Entities") that are shareholders, partners or members of the applicant. **For each owning entity, 1) complete the [Owning Entity Supplemental Form](#) and 2) supporting business structure documents (ex. Articles of Incorporation or LLC Organization, partnership agreement, etc.).** ARC may require PHFs for beneficial owners of the owning entity.

Name of Owning Entity	Type of Owning Entity (Corp, LLC, Partnership, Trust, etc.)	US Company (Yes or No)	Federal Taxpayer ID Number	Financial Interest %

If additional space is needed, complete and insert [Ownership of Applicant Continuation Form](#)

B. Ownership of or Affiliation with another travel agency

- Has the applicant been previously accredited by ARC? ☐ No ☐ Yes
a. If Yes, please provide the ARC Number: _____
- Has the applicant previously applied for accreditation by ARC? ☐ No ☐ Yes
a. If Yes, please provide the application number or date applied: _____
- Has any person or business entity with financial interest in, or an affiliation with the applicant, ever had an ownership or financial interest in, or affiliation* with any other ARC or IATA accredited entity or travel company/websites?
* Affiliation includes, but is not limited to, employment, ticket fulfillment, host agent, consolidator, independent contractor ☐ No ☐ Yes

If 'Yes', please provide the following information for each person and business entity below:

- a. Name of the individual or 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 the individual's or entity's financial interest with the agency

☐ Owner
☐ Officer
☐ Director
☐ Partner
☐ Member
☐ Shareholder
☐ Other

 - i. If 'Other', please explain: _____
- d. Legal Name of the ARC or IATA entity currently or previously affiliated with: _____
- e. ARC or IATA Number of the entity currently or previously affiliated with: _____
- f. Website(s) affiliated with: _____
- g. Dates of affiliation: From: _____ To: _____

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 4 - Access to ARC On-line Services and Tools

Please note that any communications or notices concerning administration for access to ARC systems, services, and tools will be sent by ARC to the Primary Administrator you select below.

A. My ARC Web Portal: My ARC Primary Administrator

This person will have access to all ARC Tools and will administer access to ARC tools to the users. Any communication or business transaction with ARC conducted through an ARC Tool by the My ARC Primary Administrator or any individual who has been granted access to the Tool, will be deemed to have been authorized by the Applicant and **will have the same force and effect as if they were submitted or signed by an owner or officer of the Applicant.**

1. First: _____ Middle: _____ Last: _____
2. Email: _____
3. Phone Number: _____

Part 5 – Applicant Operations

Please provide information detailing the business operations of the Applicant.

A. Financials

1. If approved as a VTC, what do you estimate will be the gross amount of sales at the location for which approval is requested?
 In your first year: _____ USD and In your second year: _____ USD
2. What sales volume do you need in order to make a profit the first year? _____ USD
3. What is your total estimated business income for the first year? _____ USD

B. Staff

- How many employees are currently employed? Full time: _____ Part Time: _____
- Will additional employees be hired if approved? ☐ No ☐ Yes
- Will all employees and staff be based in the US? ☐ No ☐ Yes
 - If 'No', where else will they be located? _____
 - What will be their responsibilities? _____
- Will you utilize Independent Contractors? ☐ No ☐ Yes
 - If 'Yes', please provide a description on a separate page on how you will assess your IC's for risk.

C. Operations

- Please select the Applicant's business model (select all that applies):

Retail B&M / Store Front	Online Travel Agency (OTA)	Call Center
Home Based Travel Agency	Mobile App	Other: _____

 - For OTA, please provide your IP Address: _____
 - For call center, please provide the Physical Address: _____

 - Please provide the individual that will be managing the call center: _____
A completed [Personal History Form](#) is required for the individual listed above.
 - Will you be using an Independent Contractor to operate your Call Center? No Yes
If 'Yes', please provide the Full Name of the Independent Contractor: _____

We will need a copy of your Call Center Agreement/Contract.
- Will you be processing credit cards with travel related charges through a merchant account? ☐ No ☐ Yes
 - If 'Yes', what is the estimated monthly Volume: _____ USD
 - Are you familiar with ARC's merchant account ([ARC Pay](#))? No ☐ Yes
 - Would you like to request access to ARC Pay once your application is approved? No Yes
Read more about [ARC Pay](#)
For any questions, please email ARCPayComp@arccorp.com
- Please provide the GDS(s) with which you have signed or plan to sign a contract: _____
- Will you be using a host agency or air consolidators in issuing air tickets? No Yes
If Yes, please provide the following information:
ARC/IATA # (if applicable): _____
Name of Host Agency or air consolidator: _____

Part 6 – Certification

By signing this Certification I agree that:

- I am authorized by the Applicant identified in the Application to complete and submit this Application and Certification,
- Prior to signing the application, I reviewed each question and answer in the Application, including all attachments and other materials submitted (in paper or electronic format) (“Attachments”), and
- All information provided and all statements made in the Certification and Application, and 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 verify statements and information provided in the Application and Attachments. Applicant hereby authorizes ARC to conduct such investigation to verify information in the application and I authorize 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, 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 if the applicant is a corporation) 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. I understand and agree that application is not complete until all required documents and information and fees have been received by ARC.

I expressly acknowledge that any participation in the VTC Services Program is at the sole discretion of ARC, and if this application is disapproved, ARC will advise the Applicant of the reasons why and provide options to reapply.

I understand that if this application is approved in writing by ARC, this VTC will be bound by the terms of the VTC Agreement, which incorporates by reference this VTC application and the VTC Handbook. These reference documents are accessible from the [VTC program website](#).

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I also acknowledge and agree that upon receipt, approval or disapproval of this application, ARC will notify the ARC participating Airlines and the System Providers (GDSs, etc.).

If this Certification and Application is submitted electronically (for example, 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 Applicant's owner (or officer if Applicant is a corporation)

Print or Type name of above signatory

Print or Type title of above of signatory

(FOR NOTARY USE ONLY)

County of _____

State of _____

On this _____ day of _____, 20____. _____,
Print Name of the Person signing above (Not the Notary's 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

Notary Public Signature

My commission expires on _____



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/Formal Residence

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

C. Other/Formal 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/Websites (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/websites or company accredited by ARC, ARP, ATC, IATA, or IATAN, BSP? ☐ 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/Websites (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 (In or outside the United States)

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 (In or outside the United States)

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 document 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



PHF Supplementary Response Form

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/Websites

Provide the following information if you ever had a financial or ownership interest in, or a connection or affiliation with, any travel company/webistes 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-g).

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. Website(s): _____

f. Dates of your affiliation: From (MM/YYYY): _____ To: _____

g. Your role at the Company: _____

2. Affiliation with Non-Accredited Agency or Travel Company/Websites

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-g).

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. Website(s): _____

f. Dates of your affiliation: From (MM/YYYY): _____ To: _____

g. 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: _____



PHF Supplementary Response Form

- 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 *(In or outside the United States)*

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 *(In or outside the United States)*

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."