



Dear Travel Professional:

We are delighted by your interest in becoming an ARC participant. ARC helps U.S. corporate travel departments (CTDs) manage their business relationships with global air travel suppliers and provides them with recognition, insights and the ability to ticket flights with more than 200 airlines. Downloading this Accredited Corporate Travel Department Application Kit is the first step in joining this select group of dedicated CTDs.

This application kit includes what to expect during the application process, the application itself, reference material and a checklist to assist you.

We recognize that the requirements for ARC accreditation are extensive. By becoming an ARC-accredited CTD, your company is provided a full spectrum of products and services to help build the best travel programs for your employees, including:

- An ARC-accredited agency number recognized by travel suppliers worldwide as having the authority to ticket air travel with more than 200 airlines and to book hotels, car rentals and more.
- Control of your travel program. Using your dedicated ARC number, suppliers will come directly to you to negotiate agreements. For outsourced travel fulfillment, your TMC can use your ARC number – making it easier for you to switch TMCs.
- Direct access and control of your air and travel data, empowering you to take greater control of your supplier discussions.
- Enhanced transaction management, offering a streamlined way to bill and pay for airline transactions and simplify bookkeeping.
- ARC Pay (through ARC Agent's Choice or your GDS), providing a simple, efficient way to process credit card payments for any travel-related good or service.
- Security through ARC's stringent data policy that protects ARC participants. ARC has full payment card industry (PCI) compliance, the credit card industry standard for information protection.
- Additional value-added programs like increased data transparency that give you more control and insights while boosting your bottom line.

For additional information, please visit ARC's [Corporate Travel Department Program](#) webpage.

If you need assistance during this process, please get in touch with our dedicated Customer Care Center at 855-816-8003, Monday – Friday 9 a.m. – 5 p.m. ET, or email ccchelp@arccorp.com.

We thank you for your interest in becoming an ARC-accredited CTD and look forward to working with you in the future.

Sincerely,

A handwritten signature in black ink, reading "Lauri Reishus".

Lauri Reishus
ARC President and Chief Executive Officer



CORPORATE TRAVEL DEPARTMENT APPLICATION AGREEMENT

The applicant submits this application to Airlines Reporting Corporation (ARC) for accreditation as a new Corporate Travel Department (CTD) and for inclusion on the ARC List. 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 criteria as though the applicant were an approved CTD being reviewed for retention on the ARC List under the Corporate Travel Department Reporting Agreement (CTDRA) <https://www2.arccorp.com/support-training/corporate-travel-department-reporting-agreement/>. Upon receipt of the application, ARC will notify the carriers and system providers.

2. The following definitions apply to this application, in addition to those contained in the CTDRA:

Cancelled: the status of a former ARC-accredited CTD or accredited agent (1) whose CTDRA or Agent Reporting Agreement (ARA) was terminated by ARC, (2) who was subject to the additional operating requirements of section 34 of the CTDRA or ARA at the time when it voluntarily canceled its agreement, (3) who was subject to a demand made pursuant to section 13 of the CTDRA at the time when it voluntarily canceled its agreement, (4) who failed to pay amounts owed to ARC or the carriers at the time when it voluntarily canceled its agreement, (5) or whose voluntary cancellation was subsequently amended by ARC to show failure to pay an amount owed pursuant to the CTDRA or ARA.*

Presently in Default: the status of an ARC-accredited CTD (or accredited Agent) during the 30-day period referred to in Section 33.7 of the CTDRA or any extension thereof granted under the CTDRA.

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.
4. ARC will conduct such investigation, 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 90 days of the receipt of a complete application, ARC will, except as provided in paragraph 7 of this agreement, approve, disapprove, or reject and return the application and so notify all carriers and system providers. Please note that the 90-day period will not begin until all required documents and fees have been received by ARC.
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 CTDRA.
8. If this application is disapproved, the 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 the 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 the applicant and ARC.
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.

* 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



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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.

Airlines Reporting Corporation (ARC) is a service company owned by the principal scheduled airlines of the United States. Approximately 170 domestic and international scheduled airlines and rail carriers participate in the ARC program. One of its functions is to process and evaluate applications by organizations seeking ARC approval as new Corporate Travel Department (CTD) entities. Another function is supplying ARC traffic documents, which are used to issue airline tickets, and other accountable documents used in connection with the issuance of air and rail transportation and related services. Other important functions include transmission of sales reports and monitoring remittances for sales and transferring funds to the appropriate carriers. The transmission of sales reports is done electronically using ARC's Interactive Agent Reporting (IAR) system.

A summary of standards and requirements for ARC approval are described below. An annual fee is charged for each ARC-approved CTD location. Please note, however, that some carriers have supplemental requirements and therefore may not automatically appoint an ARC-approved CTD to issue their tickets through the ARC system. See Section E, Carrier Requirements, below.

A. Financial Requirements

1. The applicant must procure and maintain, for the benefit of the carriers and ARC, a surety bond issued by a bonding company that is listed in US Treasury Circular 570, or a standby irrevocable letter of credit that is issued by a federally insured bank. The minimum amount must be \$20,000. The bond and letter of credit forms may be downloaded from ARC's website at: <https://www2.arccorp.com/support-training/forms-catalog-accreditation/> and used by applicants. However, if your surety or bank chooses to use its own form, the language of the bond or letter of credit must be identical to the ARC format. ARC cannot accept any changes to the language in the bond or letter of credit.
2. If the corporation seeking accreditation as a Corporate Travel Department is an entity whose shares are listed on a U.S. securities exchange or are regularly traded in a U.S. over-the-counter market (e.g., publicly traded companies and investment companies), a Personal History Form may not be required for each owner, officer, and director of the corporation.
Instead, as an alternative to providing such information, the corporation would be required to provide the following: (1) a Personal History Form for the corporate officer(s) and director(s) directly responsible for the corporate travel department function; and (2) a copy of the periodic financial report required by the U.S. Securities and Exchange Commission, which provides the name, office, term, and other specific background data on corporate directors and officers (e.g., Form 10-K).
3. Each ARC-approved CTD must have an IRS Taxpayers Employers Identification Number (EIN), which is obtained from the Internal Revenue Service. ARC will not approve an application without a copy of the written confirmation issued by the IRS.
4. ARC will accredit New CTD Entity applications as electronic reporting locations. These locations will electronically submit weekly sales reports through ARC's Interactive Agent Reporting (IAR) system. Those CTDs that are automated using a CRS/GDS will have the option of submitting their weekly sales reports to ARC through their CRS/GDS or their Internet Service Provider. If the CTD is a manual location issuing only handwritten tickets (i.e., will not order, store or issue automated traffic documents), the CTD can submit their weekly sales reports to ARC through their Internet Service Provider. Information pertaining to IAR will be enclosed with the New CTD Entity application kit.



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B. Personnel Requirements

1. Each authorized CTD location shall have at least one person who is a full-time employee of the CTD at the authorized location for the CTD, and is either the owner, partner, officer, manager, supervisor of the CTD, or a full-time employee of an ARC-accredited Agent affiliated with the CTD, who fulfills each of the following qualifications:
 - a. Exercises daily supervision of, and responsibility for, the operations of that CTD location and has the authority to make management decisions.
 - b. Has demonstrated knowledge of the provisions of ARC's *Industry Agents' Handbook*.
2. Each authorized CTD location shall have at least one full-time employee of the CTD, or of an ARC-accredited Agent affiliated with the CTD, who is an ARC Specialist status, having demonstrated knowledge of the provisions of the Industry Agents' Handbook, including, for example, Area Settlement Plan (ASP) processing, ARC traffic document preparation, refunds and exchanges, ticket security rules and procedures, and preparation and reconciliation of weekly sales reports, through successful completion of the Certified ARC Specialist Examination. Applicants can obtain more information concerning the ARC Specialist Qualifier (ASQ) Training and examination by visiting the ARC Specialist Training page at: <https://www2.arccorp.com/products-participation/travel-agencies/agency-participation/arc-specialist-certification/>.

C. General Qualification Requirements

1. The CTD applicant must be a citizen or national of the U.S. or an alien authorized to be employed in the U.S., or a foreign corporation authorized to do business in the local jurisdiction in which the CTD is situated.
2. The applicant must not have a name, fictitious name or "doing business as" name, which is the same as, or misleadingly similar to, that of a carrier participating in the ARC program; and the location must not be identified as an airline office.
3. The CTD location is not intended to be open and accessible to the general public. The CTD shall not solicit customers or advertise or promote its services or operations to its customers, the general public, or nonaffiliated businesses.
4. A CTD may be located on the CTD's premises, or on the premises of one of its wholly owned subsidiaries or on the premises of an ARC-accredited travel agency.

D. 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 who has access to money from sales in which ARC traffic documents are issued is not a citizen or national of the U.S. or an alien authorized employment in the U.S.
3. The location does not have the requisite licenses of the jurisdiction in which it is located.
4. ARC has reason to believe that the CTD, or any person with a financial interest in the applicant, any officer, director, qualifying manager or anyone employed in any capacity in which that person has access to ARC traffic documents or money from a sale in which ARC traffic documents are issued:



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- a. has or had a financial interest in, or a connection with, or was employed by, any ARC Agent or CTD previously canceled from the ARC list.
- b. has or had a financial interest in, or a connection with, or is or was employed by any ARC Agent or CTD presently declared in default, under provisions of the ARC Agent Reporting Agreement or ARC CTD Reporting Agreement.
- c. has been convicted of a felony, or of a misdemeanor related to financial activities, or has been judged by a court to have committed a breach of fiduciary duty involving the use of funds of others.
- d. has been involved in the distribution, sale, or issuance of ARC traffic documents which were known, or reasonably should have been known, to have been stolen or reported missing.

Note: ARC will disapprove Applications determined to be ineligible under 4.a – 4.d above unless ARC can determine from all the facts that the applicant can be relied on to adhere to the terms of the CTD Reporting Agreement.

E. Carrier Requirements

Individual ARC carriers may maintain standards in addition to those required by ARC. Individual carriers may require approved CTDs to provide additional information or copies of ARC applications for further review. ARC does not monitor which carriers require additional information nor can ARC direct you to individual carrier points of contact. Carriers will normally contact new CTD entities and individually notify them if additional information is required.

F. Traffic Document and Other Security Requirements

Traffic document security is of utmost importance to the CTD, ARC and the carriers. Each CTD location must have an off-premises bank safe deposit box or equivalent facility or an on-site facility approved in writing by ARC for the storage of its reserve supply of ARC traffic documents. A new CTD location may have on hand one box of automated tickets for each printer and a spare box per printer. Similarly, manual tickets will be limited to a box, or mailing unit, of each. The on-premises supplies must be locked up in a metal safe, or functional equivalent, weighing at least 200 lbs. and having a locking device meeting Underwriters' Laboratory (UL) Classification 768 (combination/timelock). All automated ticket printers must be locked, housed in a locked container, or placed in a locked room. Ticket printers must be located in a separate room or area within the CTD which is accessible only to that CTD's personnel. CTDs are also required to maintain daily ticket inventory procedures.

Detailed information concerning all the traffic document security requirements is provided in the Corporate Travel Department Reporting Agreement (CTDRA).

G. Processing Time

ARC may take up to 90 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.



New Corporate Travel Department Entity Application

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 \$3,000.00 payable by credit card via www.arccorp.com/payment/.

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 – Designation of Corporate Travel Department

A. Legal Name and Corporate Travel Department 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: _____

☐ **Check here if the addresses for Correspondence, Ticket Delivery and Sales Summary are the same as the above Legal Address.**

If the addresses are not the same, please complete the applicable addresses below.

B. Address for Corporate Travel Department Correspondence

State the address to which all mail other than sales summaries should be mailed:

1. Name of person or firm: _____
2. Suite/Floor/P.O. Box: _____
3. Street Address: _____
4. City: _____ State: _____ ZIP: _____



New Corporate Travel Department Entity Application

C. Ticket Delivery Address

State the address to which ARC Traffic Documents are to be delivered. Traffic documents will not be delivered to a P.O. box:

Electronic office locations may request ARC non-accountable documents, but are not authorized to use or order paper or automated traffic documents (paper tickets).

1. Name of person or firm: _____
2. Suite/Floor: _____
3. Street Address: _____
4. City: _____ State: _____ ZIP: _____

D. Sales Summary Address

State the address to which sales summaries should be mailed:

1. Name of person or firm: _____
2. Suite/Floor/P.O. Box: _____
3. Street Address: _____
4. City: _____ State: _____ ZIP: _____

Part 2 – Ownership of Applicant

A. Entity Type

After selecting the applicable entity type, please enter requested information into table provided in Part 2 B.

- ☐ **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, (E.g. 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 perpetual limited liability company (LLC), provide the names of all members and also indicate those who are managing members or directors. If the applicant LLC is owned by an LLC, please provide the names of all the members in the owning LLC and indicate those that are managing members.
- ☐ **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: _____



New Corporate Travel Department Entity Application

B. Ownership Information

If the applicant is a proprietorship, please provide the full name and social security number (SSN) of the proprietor and proprietor's spouse. If the applicant is a partnership, list the full names and SSNs of all partners and indicate whether each individual is a general or limited partner. If the applicant is a non-public corporation or publicly traded corporation, enter the names, titles and SSNs of all officers and directors who are responsible for the operation and personnel of the Corporate Travel Department. If the applicant is an LLC, provide the names of all members and also indicate those who are managing members or directors. Please include a Personal History form for each individual listed in the table below.

If additional owners, insert Ownership Agent/Applicant Continuation Page, found in the Forms Catalog of ARC's website.

First Name	Middle Name	Last Name	Title	Social Security Number	% Share if Corp.

In the table below, list any and all corporate entities that are partners, shareholders, or members of the applicant Corporate Travel Department (CTD). Provide the names of the business entities and if any of the entities listed is a shareholder of the applicant CTD, provide the percent of shares for the applicant CTD owned by each such entity.

Corporation Name	Federal Taxpayer ID #	% Share if Corp.

C. Full Beneficial Interest in Corporate Shares

Is the applicant a non-public Corporation? ☐ Yes ☐ No

If "Yes", does each shareholder identified in Part 2.B own the full beneficial interest in their shares? ☐ Yes ☐ No

If "No," identify each shareholder who does not own the full beneficial interest in his or her shares, give the name(s) and SSN(s) of the beneficial owner(s) of those shares, and provide a Personal History Form, found in the Forms Catalog on ARC's Website, for each such beneficial owner.

First: _____ Middle: _____ Last: _____

SSN: _____

If more than one individual, insert a Personal History Form Continuation Page found in the Forms Catalog of ARC's Website.



New Corporate Travel Department Entity Application

D. Citizenship of Applicant

1. Are owner/officers a citizen or national of the U.S. or Resident Alien authorized to live and work in the U.S.? ☐ Yes ☐ No

If Resident Alien status applies, provide the following:

- What is your Registered Alien number? _____
- Enter the expiration date of the Alien Registration: (mm/dd/yyyy) _____
- Country of Citizenship: _____

2. Is the applicant a foreign corporation authorized to do business in the jurisdiction in which the CTD is situated? ☐ Yes ☐ No

E. Ownership of or Affiliation with another ARC-Accredited Agency or Corporate Travel Department

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: _____

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.

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 – Premises and Accessibility

A. Premises

1. Is the applicant located on the premises of another ARC accredited entity or STP or CTD? ☐ Yes ☐ No
If “Yes”:

a. Agency or CTD ARC Number: _____

b. Agency or CTD legal name: _____

2. Are you replacing the existing ARC approved agent or CTD at this location? ☐ Yes ☐ No



New Corporate Travel Department Entity Application

3. Will the applicant's CTD occupy the exact same location as the previous location? ☐ Yes ☐ No
4. Does the applicant currently share this CTD location with any other business? ☐ Yes ☐ No
If "Yes":
- a. Name and type of business(es): _____
- b. What type(s) of business(es) are the other business(es) engaged in? _____

- c. Are the business(es) identified owned by the same individuals or entities who own the applicant? ☐ Yes ☐ No
- d. Identify the person(s) or entity(es) that are owners of the business(es) identified: _____

5. Upon approval of the application, will the applicant share its CTD location with any other business(es)? ☐ Yes ☐ No
If "Yes":
- a. Name and type of business(es): _____
- b. What type(s) of business(es) are the other business(es) engaged in? _____

- c. Are the business(es) identified owned by the same individuals or entities who own the applicant? ☐ Yes ☐ No
- d. Identify the person(s) or entity(es) that are owners of the business(es) identified: _____

6. Upon approval of the application, will the CTD location share telephone or fax lines with another business(es)? ☐ Yes ☐ No
If "Yes":
State the name of each such business _____

B. 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 attach a copy of each required license, permit, etc. to the application.

C. Building or Facility in Which the CTD is Located

Describe the building or facility where the CTD is located:

- ☐ Single/multi-user commercial office building ☐ Bank ☐ Within another business ☐ Airport
☐ Separate retail store front ☐ Hotel ☐ Private Residence ☐ Military or Government
☐ Other: Describe: _____

D. Interior Premises

Describe the interior premises where the proposed CTD location will be located:

- ☐ Cubicle
☐ Lockable and separate office
☐ Foyer or lobby
☐ Other, describe: _____



New Corporate Travel Department Entity Application

E. Landlord and Owner of Premises

Does the applicant own the building/space in which the CTD is located?

☐ Yes

☐ No

If "No", provide the following information:

1. Landlord's name: _____
2. Suite/floor/P.O. Box: _____
3. Street address: _____
4. City: _____ State: _____ ZIP: _____
5. Telephone number: _____
6. Name of contact at landlord's office:
7. First: _____ Middle: _____ Last: _____
8. Is the landlord, or the landlord's representative, an owner, officer, director, employee of the applicant or a relative of any owner, officer, director of employee of the applicant? ☐ Yes ☐ No
9. Is the landlord, or the landlord's representative, an independent contractor engaged in selling travel, or travel related services on behalf of the applicant? ☐ Yes ☐ No
10. Provide the name of the individual who signed the lease for the CTD on behalf of the landlord:
First: _____ Middle: _____ Last: _____
11. Provide the name of the individual who signed the lease for the CTD location on behalf of the applicant:
First: _____ Middle: _____ Last: _____
12. Provide the name of the person or entity who owns the property (i.e., the building, facility, etc.) where the CTD is located:

Part 4 – Personnel Standards

A. Management Qualifier Information

The Management Qualifier must be a full time employee of the Applicant who is responsible for the operations of the Applicant'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: _____ Phone Number: _____
3. Has the applicant personally verified that the management qualifier has the qualifications and experience required in the CTDRA? ☐ Yes ☐ No
4. Has the applicant personally reviewed and verified the information in the management qualifier's Personal History Form? ☐ Yes ☐ No

B. ARC Specialist Qualifier (ASQ) Information

Provide the following information for the Specialist Qualifier. The ARC Specialist Qualifier must complete and submit a Personal History Form. The ASQ is a travel agent who has demonstrated the knowledge of ARC's Area Settlement Plan (ASP) by passing a stringent training program followed by an examination. The ASQ will also be officially been designated by their agency's owner or officer as the "qualifier" to be responsible for the day-to-day ARC functions for their agency. For more information and registration/testing, visit www.arconlinetraining.com.

1. Name: First: _____ Middle: _____ Last: _____
2. Email: _____ Phone Number: _____
3. Is the Specialist currently certified by ARC: ☐ Yes ☐ No
4. If "No", provide the scheduled examination date: _____
5. Has the applicant personally verified the ARC Specialist qualifications and Personal History form? ☐ Yes ☐ No



Part 5 – Access to ARC Online Services and Tools

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: _____

2. Email: _____

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 creation and revocation of DRS users.

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

1. Name: First: _____ Middle: _____

2. Email: _____

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: _____

2. Email: _____

3. Phone Number: _____ Fax: _____

Part 6 - Issuance of ARC Traffic Documents by the Corporate Travel Department

A. Traffic Documents

Will the ARC traffic documents be issued at the CTD location to: (Check all answers that apply)

- ☐ The general public ☐ To employees for business and leisure travel ☐ Clients
☐ To employee family members for leisure travel ☐ To employees for business travel only
☐ Other: Describe: _____



Part 7 – Carrier Funds and Security for ARC Traffic Documents

A. Designated Bank Account

Please provide the following information for the Bank Account designated for the benefit of ARC and the Carriers for deposit of the proceeds of remittances for air transportation and ancillary services, issued on ARC Traffic Documents and for other funds that ARC is authorized to draft or credit.

1. Bank/facility name: _____
2. City: _____ State: _____ Telephone Number: _____
3. Transit routing number: _____
4. Account number: _____ UCB Code (if applicable): _____

B. Access to Bank Account and Traffic Documents

List all individuals that will have access to ARC traffic documents and/or ARC bank account. Provide a Personal History form for all individuals that will have access to ARC traffic documents and/or ARC bank accounts.

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.

C. Classification of Agency

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

- ☐ Yes ☐ No

If yes, the CTD will be classified as an Electronic Office, which is not authorized to use or order paper or automated traffic documents (paper tickets).

Sections D through G are not applicable to an Electronic Office.

D. Automated Ticket Printer

Describe where the automated ticket printer will be located:

- ☐ The ticket printer will be located in a separate room within the CTD accessible only to CTD personnel.
- ☐ The ticket printer will be located in a separate area within the CTD accessible only to CTD personnel.
- ☐ Other: describe: _____

E. 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.



F. Storage Containers for Working Supply of ARC Traffic Documents

Describe the type of container that will be used at the CTD 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)
- ☐ Other: describe: _____

G. Storage Location for Reserve Supply of Traffic Documents

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

- a) ☐ On-premises at the CTD location
- b) ☐ Off-premises in a bank facility (complete section 2 below)
- c) ☐ 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: _____



New Corporate Travel Department Entity Application

Part 8 - Certification

By signing this Certification I agree that:

- I am authorized by the Applicant identified in this Application to complete and submit this Application and Certification (in electronic or paper format),
- Prior to signing the application, I reviewed each question and answer, and
- All statements made in the Certification and Application, including all attachments, PHF's, 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 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 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.

I have read and agree to the terms of the new accredited Application Agreement and Terms ("Agreement") for the application (at the end of this 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 (CTD) will be subject to the terms and conditions of the Agent Reporting Agreement (CTDRA).

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature of Applicant's owner (or officer if the Applicant is a Corporation)

Print or type full name of above signatory

Print or type title of above signatory

Date

(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 _____



New Corporate Travel Department Entity Application

MEMORANDUM OF AGREEMENT TO THE CORPORATE TRAVEL DEPARTMENT REPORTING AGREEMENT

Print: LEGAL NAME OF CORPORATE TRAVEL DEPARTMENT: _____
[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 Corporate Travel Department Reporting Agreement" ("MOA") are the Corporate Travel Department identified above ("CTD"), Airlines Reporting Corporation ("ARC"), and each Carrier which is or may become a party to ARC's "Carrier Services Agreement" and has appointed CTD for the issuance of ARC Traffic Documents in connection with issuance of air transportation and/or ancillary services ("Carrier"). In signing this MOA, ARC acts on its own behalf and on behalf of each such Carrier.

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

CTD's use of electronic means (such as a username, password, or Log-in Credential) to transact business under the CTDRA with ARC and/or the Carrier(s) (including, for example, to demonstrate continued concurrence with the CTDRA and future amendments, to purchase products and services, or to remit payments) shall have the same force and effect as a handwritten signature, shall bind the CTD 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. CTD waives all rights to contest the legally binding nature, validity, or enforceability of such electronic transactions, based solely on the fact that such transaction was done or entered electronically, and expressly waives any rights to assert such claims and/or defenses to any such claims that may be asserted against CTD at any time by ARC or Carrier.

By the signature of its authorized representative below, CTD certifies that the representative signing is authorized to execute this MOA on behalf of the CTD and that the CTD agrees to be bound by all of the terms and conditions set forth in both the CTDRA and this MOA. The person executing this MOA on behalf of the CTD does hereby personally represent and warrant by his or her signature on behalf of the CTD 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 CTD's respective articles of incorporation or organization, by laws, or any agreement or other instrument binding upon the CTD or any law, governmental regulation, court decree or order applicable to the CTD.

FOR COMPLETION BY CTD IDENTIFIED ABOVE

BY: _____
Signature of CTD's owner (Corporate officer if CTD 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)



CHECKLIST

- ☐ Payment of \$3,000.00 non-refundable application fee payable by credit card via www.arccorp.com/payment.
- ☐ Original signed and notarized application.
- ☐ Provide required bond, letter of credit or Cash Security Deposit. Download the Financial instruments forms at: <https://www2.arccorp.com/globalassets/forms/aas/doc300.pdf>.
- ☐ Original Personal History Form(s) signed and notarized:
<https://www2.arccorp.com/globalassets/forms/personalhistoryform.pdf>
- ☐ Legible copy of bank signature card listing all individuals who have access to the designated bank account.

Business Structure Supporting Documentation (check only one):

If a Corporation, provide a copy of the applicant's Certificate and Articles of Incorporation.

If a Limited Liability Company, 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 filed with the state.

If a Sole Proprietorship, a copy of the fictitious name certificate.

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

Valid business license(s) and/or permit(s)

If applicable, please include an "Ownership of Applicant" Continuation form located at :

<https://www2.arccorp.com/globalassets/forms/aas/cvr670.pdf>.

If applicable, please include an "Affiliation with Another ARC Accredited Agency" form located

at: <https://www2.arccorp.com/globalassets/forms/aas/cvr673.pdf>.

If applicable, please include an "Access to Bank Accounts and Traffic Documents" Continuation form located at: <https://www2.arccorp.com/globalassets/forms/aas/cvr676.pdf>.

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



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 (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, 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 (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



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: _____



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:

- 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."