

Arbiter for removal from the Agency List. Payment of non-refundable \$2,300.00 application via credit card Copy of the Business Purchase Agreement Business Structure Documents supporting the transfer of ownership interest (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 A New Financial Instrument (bond, letter of credit or ARC Cash Security Deposit) is required under the Legal Name of the Proposed Agent. Financial Instrument amount must be the same as the Current Agent's amount OR \$20,000, whichever is greater. For more details and instructions: https://www2.arccorp.com/globalassets/forms/aas/doc300.pdf. **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, member, LLC manager and Agency manager. For each personal history form, be sure to attach (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 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. 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. Copy of Lease or Title for location business will operate from Prior year **tax filings** for business Financial Statement of business (audited preferred)

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, and possible referral to the

For ARC Pay Participants, if applicable

Additional review of applicant's information and ownership will be required for utilization of ARC Pay upon approval of this application. For more information, please contact 1.855.816.8003 or ccchelp@arccorp.com

If additional space is needed from a particular section of the application, submit the applicable continuation form(s):

Ownership of Applicant Continuation Form: https://www2.arccorp.com/globalassets/forms/aas/cvr670.pdf.

Affiliation with Another ARC Accredited Agency form: https://www2.arccorp.com/globalassets/forms/aas/cvr673.pdf.

Access to Bank Account and Traffic Documents form: https://www2.arccorp.com/globalassets/forms/aas/cvr676.pdf.

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



Type 5 Application Agreement

Applicant submits this Application ("Application") to Airlines Reporting Corporation ("ARC") for approval as an ARC accredited Agency ("Agent"). In consideration of ARC's evaluation of the Application, including other materials and attachments submitted, the Applicant acknowledges and agrees as follows:

- 1. The Applicant must, except as this Application Agreement permits otherwise, meet the same requirements and criteria as though the Applicant were an ARC accredited Agency being reviewed for retention on the ARC Agency List under the terms of the Agent Reporting Agreement (ARA) located at https://www2.arccorp.com/support-training/agent-reporting-agreement.
- 2. The following definitions apply to the Application, including any in addition to those contained in the ARA:

Canceled (Terminated): means the status of a former ARC accredited entity*: (1) whose ARA** was terminated by ARC; or 2) subject to the additional operating requirements of Section 34 (or former Section IX) of the ARA at the time when it voluntarily terminated its ARA; or (3) subject to a demand made pursuant to Section 13 (or former Section XV.A) of the ARA at the time when it voluntarily terminated its ARA; or (4) that failed to pay amounts owed to ARC or the carriers at the time when it voluntarily terminated its ARA; or (5) whose voluntary termination was subsequently amended by ARC to show failure to pay an amount owed under the ARA; or (6) that failed to pay amounts owed under the ARC Travel Agent Service Fee Agreement.

Presently in default: means the status of an ARC-accredited entity during the 30-day period referred to in Section 33.7 (or former Section VIII.D.1.e) of the ARA or any extension granted under the ARA.

- 3. An Application is not complete until all required documents and information have been received by ARC with all required signatures and fees paid. ARC will not approve an incomplete Application. Signatures sent or received by fax or E-mail will constitute original signatures and will be treated the same as original signatures.
- 4. ARC will conduct such investigation as it deems appropriate to verify the accuracy of the information presented in the Application. An applicant interview may be conducted, in-person or through video conferencing (Webex Meeting/Microsoft Team Meeting). All applicant interviews will be recorded.
- 5. 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 notify ARC will itself constitute a material misrepresentation or inaccuracy in the Application which could result in disapproval of the Application. All submitted materials and documentation should include the applicable Application (Request) number.
- 6. Within 90 days after receipt of a complete Application, ARC will, except as provided in this Application Agreement, approve, disapprove, or reject the Application and notify all Carriers and System Providers and the Applicant (and in the case of disapproval, provide the reasons).
- 7. ARC will disapprove the Application if it finds that Applicant does not meet the requirements for inclusion on the ARC Agency List or cannot be relied on to adhere to the terms of the ARA.
- 8. If the Application is disapproved, 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 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 Applicant and ARC.



- 9. Applicant expressly waives any and all claims, causes of action, and rights to recovery related to any publication or disclosure by ARC, ARC participating carriers and/or the Travel Agent Arbiter of any asserted reasons for approval or disapproval of the Application provided that such 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 or taking other action related to 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 section 2 of the Application Agreement, ARC accredited entity includes: ARC Accredited Agent, Corporate Travel Department (CTD), Sovereign Entity Agents and CTDS, and Verified Travel Consultants.
- ** For purposes of section 2 of the Application Agreement, references to the Agent Reporting Agreement (ARA) include, in addition, the Corporate Travel Department Reporting Agreement (CTDRA), Sovereign Entity Reporting Agreements, the Verified Travel Consultant (VTC) Agreement, the ARP Agent Agreement and the Passenger Sales Agency Agreement of the Air Traffic Conference (ATC)



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Forms Catalog of ARC's website.

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/

This application is to be used for the transfer of the agency to a new entity with new owners.

l. Nan	ne of Preparer:	First:	Middle:	Last:	
2. Bus	iness Name:				_
3. E-m	nail Address:				_
l. Tele	ephone Number				
	0				
art 1	– Current Ag	ency Informatior			
A. C	urrent Agend	cy Legal Name a	nd Address		
1. A	RC Number: _				
3. F	ictitious (dba) N	lame:			
6. C	City:		State:	Zip: _	
7. E	-mail Address:				
8. T	elephone Num	ber:			
B. L	ocations Incl	uded in the Owr	nership Change		
1. T	he ownership c	hange application in	nvolves the following type of location	on (check one):	
	An Independ	dent Entity, (a sing	le independent location) transferr	ing to a new agency	
	A single Bra	nch location becor	ning a New Independent Entity. P	rovide the Branch's	current Home Office
	ARC Numb Multiple loca		e plus Branch transferring to a nev	v agency	
	'			3 ,	
С	hange, please		or more locations of the current of the er below. If there are more than 5 ding.		
a.		b.	C	d	e.

Reminder: If any of the ARC Numbers are being cancelled, the Current Agent must submit a request to Cancel Participation using the Accreditation tool accessed via My ARC.



B.

Part 2 - Proposed Agency Business and Location Information

F	Prop	osed Agency Bu	siness Information	
1.	Leg	gal Name:		
2.	Fict	titious (dba) name: _		
3.	Tele	ephone Number:		
4.	E-m	nail Address:		
5.	Age	ency Website:		
6.	IRS	Employer Identifica	ation Number (EIN) or Taxpayer Identifica	ition Number (TIN):
7.	Sel	ect the type of busir	ness entity structure which describes the	Applicant:
	□F	Proprietorship	□ Non-Public Corporation	□ Publicly Traded Corporation
	□F	Partnership	☐ Limited Liability Company	□ Other:
8.	org	anized	is a corporation or LLC, provide the date State:	
Ag 1.		y Location siness Location (P	hysical location of the Agency – No PO E	ox, Parcel Box locations, or virtual office
	loca	ations)		
	a.	Street Address:		
	b.	Suite/Apartment/U	Jnit/Floor:	
	C.	City:	State:	Zip:
		□ Private Reside	ence 🗆 Store Front 🗆 Commercial O	ffice Other:
2.	Age	ency Mailing Addre	ess – Address to which all correspondence	ce should be mailed:
	a.	Street Address:		
	b.	Suite/Apartment/U	Init/Floor/PO Box:	
	C.	City:	State:	Zip:



C. Proposed Ownership Information

Please complete the tables below as it should be reflected after approval of the ownership change

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 travel agency. If any person listed below has a financial interest in the applicant travel agency, provide the percent of financial interest controlled by that person. Please provide a <u>Personal History Form</u> 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, please SKIP Table Two and continue to the next section.

Table Two – Owning Business Entities

In the table below, **LIST ALL BUSINESS ENTITIES** ("Owning Entities") that are shareholders, partners or members of the applicant travel agency.

For each owning entity, 1) complete the <u>Owning Entity Supplemental Form</u> 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)	US Company (Yes or No)	Federal Taxpayer ID Number	Financial Interest %

If additional space is needed, complete and insert Ownership of Applicant Continuation Form.



) .	Ownership of or Affiliation with another ARC-Accredited Agency	
1.	Has the applicant been previously accredited by ARC? □ No □ Yes	
	a. If Yes, please provide the ARC Number:	
2.	Has the applicant previously applied for accreditation by ARC? □ No □ Yes	
	a. If Yes, please provide the application number or date applied:	
3.	Has any person or business entity with financial interest in, or an affiliation with the applicant, ever had an ownershi financial interest in, or affiliation* with any other ARC or IATA accredited entity? □ No □ Yes * Affiliation includes, but is not limited to, employment, ticket fulfilment, host agent, consolidator, independent contra	
lf '	Yes', please provide the following information for each person and business entity:	
	a. Name of the individual or entity	
	i. Person: First: MIDDLE: 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. 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.	
Accexa der o tl	redited Agents communicate and transact business with ARC and the Carriers using various ARC Tools (including for mple, My ARC and Interactive Agent Reporting (IAR) for submission of sales reports, etc.). Please note that the person(stified in below will perform the administrative functions for the Applicant's users of various ARC tools, including, but not line creation and revocation of the Applicant users and designation of other Administrators. ARC's Document Retrieval Service (DRS): Principal and Security Manager DRS contains up to 39 months of transactional data reported by the agent that is accessible by the Security Manager and agency's DRS users. The DRS Security Manager will administer access to the DRS and perform administrative functions	mited
	related to use of the DRS including but not limited to creation and revocation of DRS users.	
	DRS Principal: 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 will verify their identity when contacting ARC with questions about matters elating to DRS and changes to the DRS Security Manager.)
1.	First:Middle:Last:	
	E-mail:	
	Phone Number:	
4.	Security Question:	
	Security Answer:	
	Will the Principal also serve as the Security Manager? ☐ No ☐ Yes	



	If 'No', please provide t	he following information for the	applicant's DRS Security Manager	
1.	First:	Middle:	Last:	_
2.	E-mail Address:			<u> </u>
3.	Phone Number:			
This or b Adr	s person will have acces ousiness transaction (ex. ministrator or any individ	., the submission requests) with ual who has been granted acce	strator inister access to ARC tools to the age ARC conducted through an ARC Too ss to the Tool, will be deemed to have submitted or signed by an owner o	ol by the My ARC Primary be been authorized by the Agent
1.	First:	Middle:	Last:	
2.	E-mail Address:			
	rt 4 - Personnel Stan ent must designate and r		ch may be filled by the same or differe	ent individuals.
to ti to ti Mai	ne Agent's contractual in the Agent's contractual in the products and service nager must also comple	relationship with ARC and the ces. Provide the following info ete and submit a <u>Personal Hist</u>	ble for the agency operations that wi Airlines. The Manager will also recein mation for the agency employee de ory Form. Last:	ve information from ARC related signated as the Manager. The
			t qualifications and Personnel History	Form? □No □Yes
		,	,	
Б.		ram followed by an examinatior	rated knowledge of ARC's Area Settle . For more information and registratio	
1.	First:	Middle:	Last:	
2.	E-mail:			
3.	Phone Number:		<u></u>	
4.	Is the Specialist currer	ntly certified by ARC?	No □Yes	
	a. If 'No', please pro	vide the projected certification	date:	
	b If 'Yes' please pr	ovide the certification number:		



C. O	perational	i Contact

). - !	E-mail:		Last:		
1	Debit Memo Contact		Phone:		
1					
	This contact will receive commanagement of debit / cre			C Memo M	anager, as well as the researc
	First:	Middle:	Last:		
	E-mail:		Phone:		
	Chargeback Contact This contact will receive of credit card chargebacks.		C and Airline representative	es related to	the research and managemer
	First:	Middle:	Last:		
	E-mail:		Phone:		
	This contact will receive	information from industr	ry partners such as Airline	s, Destinati	on Marketing
	Organizations, hotels, ar marketing information to	nd rental car companies travel companies.	, as well as those offering	incentives,	discounts, and other
	Organizations, hotels, ar marketing information to First:	nd rental car companies travel companies. Middle:	as well as those offering	incentives,	discounts, and other
	Organizations, hotels, ar marketing information to First: E-mail:	nd rental car companies, travel companies. Middle:	as well as those offering Last: Phone:	incentives,	discounts, and other
aı	Organizations, hotels, ar marketing information to First: E-mail: rt 5 - Carrier Funds an	nd rental car companies, travel companies. Middle:	as well as those offering Last: Phone:	incentives,	discounts, and other
aı	Organizations, hotels, ar marketing information to First: E-mail: rt 5 - Carrier Funds an Designated Bank Acc	nd rental car companies travel companies Middle: ad ARC Traffic Docum	as well as those offering Last: Phone:	incentives,	discounts, and other
aı	Organizations, hotels, ar marketing information to First: E-mail: rt 5 - Carrier Funds an Designated Bank Accase provide the following in marketing information to the marketing in the following in the marketing in the marketi	nd rental car companies, travel companies. Middle: dd ARC Traffic Document information for the ARC d	Last:Phone:nents	incentives,	discounts, and other
aı	Organizations, hotels, ar marketing information to First: E-mail: rt 5 - Carrier Funds an Designated Bank Accase provide the following in 1. Bank/facility name:	nd rental car companies, travel companies. Middle: Midd	Last:Phone:nents	incentives,	er the ARA.
aı	Organizations, hotels, ar marketing information to First: E-mail: rt 5 - Carrier Funds an Designated Bank Accase provide the following i 1. Bank/facility name: 2. City:	nd rental car companies of travel companies. Middle: Mi	Last:Phone:nents	equired unde	er the ARA.

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



Part 6 - Applicant Operations

Please provide information detailing the business operations of the Applicant.

Δ	Agency	Finan	cial	9
Л.	Agency	ı ıııaıı	Cia	3

	ARC carriers at the location for which approval is requested?		
	In your first year: USD and I	n your second year:	USD
2.	. What sales volume do you need in order to make a profit the first y	rear?L	JSD
3.			JSD
В.	. Staff		
1.	How many employees are currently employed? Full time:	Part Time:	
2.	. Will additional employees be hired if approved? ☐ No ☐	Yes	
3.	. Will all employees and staff be based in the US? $\ \square$ No $\ \square$	Yes	
	a. If 'No', where else will they be located?		
	b. What will be their responsibilities?		
4.			
	a. If 'Yes', please provide a description on a separate page on	how you will assess your IC's for risk.	
C.	C. Operations		
1.	1. Please select the Applicant's business model (select all that app	olies):	
	Retail B&M / Store Front Online Travel Age	ncy (OTA) Call Center	
	Home Based Travel Agency Mobile App	Other:	
	a For OTA places provide your IP Address:		
	a. For OTA, please provide your IP Address:		
	b. For call center, please provide the Physical Address:		
	b. For call center, please provide the Physical Address:		
		call center:	
	b. For call center, please provide the Physical Address: b.1. Please provide the individual that will be managing the	call center:the individual listed above. e your Call Center? No Yes	
	b. For call center, please provide the Physical Address: b.1. Please provide the individual that will be managing the A completed Personal History Form is required for b.2. Will you be using an Independent Contractor to operate	call center:the individual listed above. e your Call Center? No Yes nt Contractor:	
2.	b.1. Please provide the individual that will be managing the A completed Personal History Form is required for b.2. Will you be using an Independent Contractor to operate If 'Yes', please provide the Full Name of the Independent We will need a copy of your Call Center Agreement/Contractor.	call center: the individual listed above. e your Call Center? No Yes nt Contractor:	
2.	b.1. Please provide the individual that will be managing the A completed Personal History Form is required for b.2. Will you be using an Independent Contractor to operate If 'Yes', please provide the Full Name of the Independe We will need a copy of your Call Center Agreement/Con	call center: the individual listed above. e your Call Center? No Yes nt Contractor:	
2.	b. For call center, please provide the Physical Address: b.1. Please provide the individual that will be managing the A completed Personal History Form is required for b.2. Will you be using an Independent Contractor to operate If 'Yes', please provide the Full Name of the Independe We will need a copy of your Call Center Agreement/Co. Will you be processing credit cards with travel related charges to	call center: the individual listed above. e your Call Center? No Yes nt Contractor: ntract. hrough a merchant account? No	
2.	b. For call center, please provide the Physical Address: b.1. Please provide the individual that will be managing the A completed Personal History Form is required for b.2. Will you be using an Independent Contractor to operate If 'Yes', please provide the Full Name of the Independe We will need a copy of your Call Center Agreement/Co. Will you be processing credit cards with travel related charges to a. If 'Yes', what is the estimated monthly Volume:	call center: the individual listed above. e your Call Center? No Yes nt Contractor: ntract. hrough a merchant account? No USD No Yes	
2.	b.1. Please provide the individual that will be managing the A completed Personal History Form is required for b.2. Will you be using an Independent Contractor to operate If 'Yes', please provide the Full Name of the Independent We will need a copy of your Call Center Agreement/Co. Will you be processing credit cards with travel related charges to a. If 'Yes', what is the estimated monthly Volume: b. Are you familiar with ARC's merchant account (ARC Pay)? b.1. Would you like to request access to ARC Pay once you Read more about ARC Pay	call center: the individual listed above. e your Call Center? No Yes nt Contractor: hrough a merchant account? No USD No Yes ur application is approved? No Yes	Yes
2.	b.1. Please provide the individual that will be managing the A completed Personal History Form is required for b.2. Will you be using an Independent Contractor to operate If 'Yes', please provide the Full Name of the Independe We will need a copy of your Call Center Agreement/Co. Will you be processing credit cards with travel related charges to a. If 'Yes', what is the estimated monthly Volume: b. Are you familiar with ARC's merchant account (ARC Pay)? b.1. Would you like to request access to ARC Pay once you Read more about ARC Pay For any questions, please email ARCPayComp@arco.	call center: the individual listed above. e your Call Center? No Yes nt Contractor: ntract. nrough a merchant account? No USD No Yes ur application is approved? No Yes	Yes



Part 7 – Certification of Current Agent

By signing this Certification on behalf of the Current Agent I acknowledge and agree that:

- I am authorized by the Current Agent to complete and submit this Application and Certification; and
- I concur with the ownership change described in this application; and
- All statements made in the Certification and Application are true and correct; and
- Current Agent is signatory to the Agent Reporting Agreement (ARA) and remains responsible under the ARA for all transactions issued prior to the effective date of the written approval of this application,
- I acknowledge and agree that as part of the evaluation and verification process, ARC reserves the right to request additional documents and verify the statements and information provided in this Application and Attachments. Agent hereby authorizes 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, employment agreements, criminal background checks, photographs and IRS documents.

I also acknowledge and understand that in order to withdraw this application, ARC must receive, prior to approval of the application, a written request to withdraw signed by an owner or officer of the Current Agent or Proposed Agent. Current Agent agrees to provide prompt written notice to ARC signed by an owner or officer, if there are any changes to any of the information provided in the Application or Attachments. Current agent understands and agrees to ARC's instructions concerning access to My ARC and ARC Tools, including transfer of access to Tools and data to Proposed Agent and any subsequently approved agencies following approval of this Application

Submission of Final IAR Sales Report

Current Agent de	esignates the following person	to submit its final IAR sales	report by the Submission Deadline:
First:	Middle:	Last:	
Submission Deareports. Agent accurate and agraubsequently dunauthorized	warrants and affirms that all o rees that ARC shall not be li letermined that any informa Agent agrees to indemnify a s; and Carriers from all dama	designated bank account for the information entered by able to Agent or any third tion was inaccurate, income hold harmless ARC, A	r the amount owed for such sales Agent in the IAR sales reports is party to the extent that it is

Travel Agent Arbiter

If there is reason to believe that the Application does not meet the requirements of the Agent Reporting Agreement or the Application Agreement, the Application will be disapproved. In the event of disapproval, the Current and Proposed Agent will be informed of the reason for the disapproval. The undersigned, on behalf of the Current Agent, expressly waives any and all claims, causes of action, or rights to recovery, by reason of publication by ARC, participating Carriers and/or the Travel Agent Arbiter (TAA) of asserted grounds or reasons for disapproval. It is hereby understood and agreed that if this application for a change of ownership is disapproved by ARC, the sole recourse is review by the Travel Agent Arbiter, and Current Agent remains responsible for all of its locations, including those identified for transfer in this application until the earlier of such time as (1) the TAA may otherwise overrule ARC's rejection or disapproval of this Application, or (2) until the termination of the ARA pursuant to its terms and conditions.

Part 7 – Certification (continued on next page)



Part 7 – Certification (continued from previous page)

If this Certification and Application is submitted via fax or E-mail I certify that the electronic and original versions contain identical information. Signatures sent or received by fax or E-mail 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 corporation	of Current Agent's owner of record (or corporate officer if Current Agent)	gent is a
		Print or Type name of above signatory	
		Print or Type title of above of signatory	
		Date Signed	
County of	State of	(FOR NOTARY L	JSE ONLY)
On thisda			
Print NAME of above signatory (NOT THE	NOTARY NAME	<u> </u>	
appeared before me and, having been duly signed the application is my presence.	sworn by me, s	stated that the contents of the foregoing application are true and comp	ete, and
NOTARY SEAL		Notary Public Name	
		Notary Public Signature	
		My commission expires on	_



Part 8 – Current Owner Residential Information

Please provide the residential addre	ss and ph	one number for the current owner (a	above signatory)) .
Current Owner's Name: First:		Middle:	_Last:	
2. Street Address:		Apt/Suite Number:		
3. City:	_State:	Zip:		
4. E-Mail Address:				_
5 Home Telephone Number:		Alternate Telephone Nu	ımber:	



Part 9 - Certification of Proposed Agent

By signing this Certification I agree that:

- I am authorized by the Proposed Agent (Applicant) identified in this Application to complete and submit this Application and Certification,
- Prior to signing the application, I reviewed each question and answer, and
- All statements made in the Certification and Application, including all attachments, PHFs 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 request additional documents and 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 by fax or E-mail I certify that the electronic and original versions contain identical information. Signatures sent or received by fax or E-mail 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 Type 5 Application Agreement and Terms ("Agreement") for the 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 (Proposed Agent) will be subject to the terms and conditions of the Agent Reporting Agreement (ARA).

MUST BE SIGNED IN THE PRESENCE OF A NOTARY				
	Signature	re of Agent's proposed owner (or corporate officer if Agent is a corporation)		
		Print or Type name of above signatory		
		Print or Type title of above of signatory		
		Date Signed		
County of	State of	(FOR NOTARY USE ONLY)		
On thisday of		, 20		
Print NAME of above signatory (NOT THE NOTA	ARY NAME)			
appeared before me and, having been duly sword signed the application is my presence.	n by me, stated t	I that the contents of the foregoing application are true and complete, and		
NOTARY SEAL		Notary Public Name		
		Notary Public Signature		
	Mv	ly commission expires on		



MEMORANDUM OF AGREEMENT TO AGENT REPORTING AGREEMENT

Legal Name of Agent: The legal name must be identical to the	legal name shown on the Application and the Financial Instrument.]
Street Address:	
City: State:	Zip Code:
Airlines Reporting Corporation ("ARC"), and each Carrier which	orting Agreement" ("MOA") are the Agent identified above ("Agent"), is or may become a party to ARC's "Carrier Services Agreement" affic Documents in connection with sales of air transportation and/or s own behalf and on behalf of each such Carrier.
	onditions of the "Agent Reporting Agreement" ("ARA") effective and tachments, addenda and supplementary agreements thereto, which MOA.
and/or the Carrier(s) (including, for example, to demonstrate continuous and services, or to remit payments) shall have the sar for all purposes, and shall be deemed admissible as between the business records originated and maintained in documentary form in the legally binding nature, validity, or enforceability of such electric such as the same products and maintained in documentary form in the legally binding nature, validity, or enforceability of such electric same products.	or Log-in Credential) to transact business under the ARA with ARC under concurrence with the ARA and future amendments, to purchase the force and effect as a handwritten signature, shall bind the Agent parties to the same extent and under the same conditions as other in the ordinary course of business. Agent waives all rights to contest tronic transactions, based solely on the fact that such transaction rights to assert such claims and/or defenses to any such claims that
MOA on behalf of the Agent and that the Agent agrees to be bound MOA. The person executing this MOA on behalf of the Agent does behalf of the Agent that the execution, delivery and performance of not conflict with, result in a violation of, or constitute a default under	ertifies that the representative signing is authorized to execute this d by all of the terms and conditions set forth in both the ARA and this is hereby personally represent and warrant by his or her signature on this MOA has been duly authorized by all necessary action and does any provision of the Agent's respective articles of incorporation or anding upon the Agent or any law, governmental regulation, court decree
FOR COMPLETION BY AGENT IDENTIFIED ABOVE	FOR COMPLETION BY ARC ONLY Following approval of the application
BY: Signature of Agent's owner (Corporate officer if agent is a corporation)	ARC NUMBER:
Corporation)	Effective date of this Agreement:
Print Name	By: Airlines Reporting Corporation
Title	
Date Signed	Vice President
	Date