

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 Arbiter for removal from the Agency List.

Payment of non-refundable \$1150.00 application via credit card
Business Structure Documents supporting the transfer of ownership interest (submit the following documents as applicable)
☐ <b>For Corporation:</b> Amendment to the Articles of Incorporation, corporate minutes, recently filed annual report, transfer of share certificates
<ul> <li>For Limited Liability Company (LLC): Amendment to the Articles of Organization, Amended LLC Operating Agreement</li> </ul>
□ For Partnership: Amended Partnership Agreement
If the agency operates outside the state in which the company was originally registered/organized, submit a copy of the <b>Certificate of Good Standing</b> (or equivalent) from the state where the agency operates; if applicable.
Personal History Form(s) signed and notarized: <a href="https://www2.arccorp.com/globalassets/forms/personalhistoryform.pdf">https://www2.arccorp.com/globalassets/forms/personalhistoryform.pdf</a> . This form must be submitted for every new 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.).
Copy of valid business license(s) and/or permit(s) - if one is not required for your city or jurisdiction, submit a notice stating so.
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.

### For all current ARC Pay agents,

ARC Pay access will be suspended until an additional review of applicants' information and ownership is completed upon approval of this application. For any questions regarding this process or to restore access, please contact <a href="mailto:arcpaycomp@arccorp.com">arcpaycomp@arccorp.com</a>.

### For all prospective ARC Pay agents,

An additional review of applicants' information and ownership is required upon approval of this application before access can be granted. For any questions regarding this process, please contact <a href="mailto:arcpaycomp@arccorp.com">arcpaycomp@arccorp.com</a>.

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

Ownership of Applicant Continuation Form: <a href="https://www2.arccorp.com/globalassets/forms/aas/cvr670.pdf">https://www2.arccorp.com/globalassets/forms/aas/cvr670.pdf</a>.

Affiliation with Another ARC Accredited Agency form: <a href="https://www2.arccorp.com/globalassets/forms/aas/cvr673.pdf">https://www2.arccorp.com/globalassets/forms/aas/cvr673.pdf</a>.

Access to Bank Account and Traffic Documents form: <a href="https://www2.arccorp.com/globalassets/forms/aas/cvr676.pdf">https://www2.arccorp.com/globalassets/forms/aas/cvr673.pdf</a>.

**Note:** ARC reserves the right to request additional documents deemed necessary to verify or investigate information provided in the 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 <a href="https://www2.arccorp.com/site-privacy-policy/">https://www2.arccorp.com/site-privacy-policy/</a>

This application is to be used for the transfer of ownership interest to new owners within the same corporation or to add new LLC Members to a Limited Liability Company or new Partners to a Partnership that has perpetual existence. This form is not to be used for Sole Proprietor. Please submit New Entity with New Owners application instead.

	reparer Informatio I correspondence reg		on will be sent to the indiv	vidual designated below:	
1.	Name of Preparer:	First:	Middle:	Last:	
2.	Business Name:				
3.	E-mail Address:				
4.	Telephone Number:				
P	art 1 - Current Ag	ency Informatio	n		
A.	Current Agency	Legal Name an	d Address		
1.	ARC Number :				
2.	Legal Name:				
3.	Fictitious (dba) Nam	ne:			
4.	Suite/Floor:				
5.	Street Address:				
6.	City:		State:	Zip:	
7.	E-mail Address:				
8.	Telephone Number:				
В.	Locations Include	ded in the Owne	rship Change		
				ity are included in the ownershi e list them on a separate sheet	
;	a	b	C	d	e
	If information of the lithe The <u>Forms Catalog</u> of		anging, please complete	the "Branch Continuation" form	n 658 found in

Page **2** of **9** 

For each location not included in the ownership change, you must complete a "Voluntary Cancellation"

online request through the Accreditation Tool under My ARC.



## Part 2 - Proposed Agency Ownership

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

## A. Ownership Information

The Financial Interest of both ownership tables must total 100%. Except where the Applicant is a legal entity whose shares are listed on a security exchange or are regularly traded in an 'over the counter' market, the ownership shown here must total 100%. Beneficial owners of all owning entities and holding companies must be fully disclosed.

#### 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, you do not need to complete Table Two and you can move on to the next section of the application.

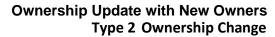
### **Table Two – Owning Business Entities**

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

For each owning entity, 1) complete the Owning Entity Supplemental Form and 2) supporting business structure documents (ex. Articles of Incorporation or LLC Organization, partnership agreement, etc.). ARC may require PHFs for beneficial owners of the owning entity.

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

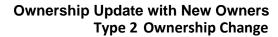
If additional space is needed, complete and insert Ownership of Applicant Continuation Form.





# Ownership of or Affiliation with another ARC-Accredited Agency

1.	or 1 * <i>A</i>	ns any person or business entity with financial interest in, or affiliation* with filiation includes, but is not limited to intractor	h any other ARC or IA	TA accredited e	ntity? □ No □ Yes	
	<b>lf '</b> ' a.	Yes', please provide the following Name of the individual or entity	information for eac	h person and b	usiness entity:	
		i. Person: First:				
		ii. Entity:				
	b.	Social Security Number or Tax ID	Number (as applicab	le):		
	C.	If applicable, check the appropriat agency	te box to describe the	individual's or e	ntity's financial interest w	ith the
		☐ Owner ☐ Officer ☐ Director. i. If 'Other', please explain:	or □ Partner			er
	d.	Legal Name of the ARC or IATA				
	e.	ARC or IATA Number of the entity	currently or previous	ly affiliated with:		
	f.	Dates of affiliation: From:  If more than one individual or entity  Accredited Agency" form for each			<u>'Affiliation with Another A</u>	RC_
All a	ddress	Address Change Information information remains the same:  Yes  Yes  Yes  Yes	·	·	•	e locations)
1.	Stree	et Address:				
2.	Suite	e/Apartment/Unit/Floor:				
3.	City:		State:		Zip:	
<b>B.</b> 1.	Agend	vate Residence	which all corresponde	ence should be n	nailed:	
2.		e/Apartment/Unit/Floor/PO Box:				
3.						





# Part 4 - Access to ARC On-line Services and Tools

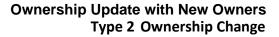
Accredited Agents communicate and transact business with ARC and the Carriers using various ARC Tools (including for example, My ARC and Interactive Agent Reporting (IAR) for submission of sales reports, etc.). Please note that the person(s) identified below will perform the administrative functions for the Agent's users of various ARC tools, including, but not limited to the creation and revocation of the Agent's t users and designation of other Administrators.

## A. 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 your agency's DRS users. The DRS Security Manager will administer access to the DRS and perform administrative functions 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 Agent is a corporation. The Principal is required to provide

1.	First:	Middle:	Last:	
2.	E-mail:			
3.	Phone Number:		<u></u>	
4.	Security Question:			
5.	Security Answer:			
	Will the Principal also	serve as the Security Manager?	No □ Yes	
	If 'No', please provide	the following information for the ap	plicant's DRS Security Manager	
1.	First:	Middle:	Last:	
2.	E-mail:			
В.	This person will have communication or bus the My ARC Primary A	siness transaction (ex., the submiss Administrator or any individual who e Agent and <b>will have the same f</b> o	ator minister access to ARC tools to the agency's users ion of requests) with ARC conducted through an A has been granted access to the Tool, will be deem orce and effect as if they were submitted or sign	RC Tool b
1.	First:	Middle:	Last:	
2.	E-mail:			
	Phone Number:			





## Part 5 - Personnel Standards

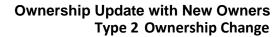
Agent must designate and maintain the following roles, which may be filled by the same or different individuals.

designated as the Manager. The Manager must also complete and submit a Personal History Form.

Α.	N	la	na	aa	e	r

A Manager is a full-time employee of the Agent, responsible for the agency operations that will receive communication related to the Agent's contractual relationship with ARC and the Airlines. The Manager will also receive information from ARC related to their products and services. Provide the following information for the agency employee

١.	FIRST: IVII	aaie:		Last:
2.	E-mail:			
3.	Phone Number:			
4.	Has the Agent personally verified the m	anagem	nent qualifications	and Personnel History Form? □No □Yes
В.	Operational Contact This contact will receive information the this contact receives communications			erations with ARC and the Airlines. In additions and services.
1.	First:	_Middle:		_Last:
2.	E-mail:		_Phone Number:	
C.	Debit Memo Contact This contact will receive communication the research and management of deb			es related to ARC Memo Manager, as well as RC and Airline representatives.
1.	First:	_Middle:		_Last:
2.	E-mail:		Phone Number:_	
D.	Chargeback Contact This contact will receive communication management of credit card chargeback		ARC and Airline ı	representatives related to the research and
1.	First:	_Middle:		_Last:
2.	E-mail:		_Phone Number:	
E.	Industry Communications (Option This contact will receive information from Organizations, hotels, and rental car of marketing information to travel compa	om indu ompani		h as Airlines, Destination Marketing ose offering incentives, discounts, and other
1.	First:	_Middle:		_Last:
2.	E-mail:		Phone Number:_	





# Part 6 - Carrier Funds and ARC Traffic Documents

Bank/facility name:			
City:	State:	Telephone Number:	
Transit routing number:			
Account number:			
Access to Bank Account and tall individuals that will have acce		s or ticketing via a GDS and/or ARC	bank account.
First Name, Middle Na	ame. I ast Name	ARC Traffic Documents	ARC Bank Accou
i iist Name, imaale Ne	arrio, Lust Hurric	(Yes or No)	(Yes or No)
If additional space is peeded, so		Pouls Assessment and Troffic Decourse at	
Classification of Agency	mplete and insert " <u>Access to</u>		
Classification of Agency ective June 1, 2018, the printing of ease note that this change only app other purposes, including Miscella a result, effective June 1, 2018, a	airline tickets on Automated lies to paper airline tickets. T aneous Charge Orders (MCC	Ticket and Boarding Pass (ATB) tick	ket stock was inhibited e ability to use ATBs
Classification of Agency ective June 1, 2018, the printing of ease note that this change only app other purposes, including Miscella a result, effective June 1, 2018, a ency as an Electronic Office.	airline tickets on Automated lies to paper airline tickets. Taneous Charge Orders (MCC all New Agents and Owner Owner Residential Infor	Ticket and Boarding Pass (ATB) ticker and Boarding Pass (ATB) ticker avel agents will continue to have the Os) and passenger receipts.  Ship changes will result in the class mation	ket stock was inhibited e ability to use ATBs ssification of the
Classification of Agency ective June 1, 2018, the printing of ase note that this change only app other purposes, including Miscella a result, effective June 1, 2018, ancy as an Electronic Office.	airline tickets on Automated lies to paper airline tickets. Taneous Charge Orders (MCC all New Agents and Owner Owner Residential Infor	Ticket and Boarding Pass (ATB) tick ravel agents will continue to have the Os) and passenger receipts. ship changes will result in the clas	ket stock was inhibited e ability to use ATBs ssification of the
Classification of Agency ective June 1, 2018, the printing of ease note that this change only app other purposes, including Miscella a result, effective June 1, 2018, and ency as an Electronic Office.  eart 7 – Current (Transferring) ease provide the residential address	airline tickets on Automated lies to paper airline tickets. Taneous Charge Orders (MCC all New Agents and Owner Owner Residential Infor	Ticket and Boarding Pass (ATB) ticker and Boarding Pass (ATB) ticker avel agents will continue to have the Os) and passenger receipts.  Ship changes will result in the class mation	et stock was inhibited e ability to use ATBs ssification of the
Classification of Agency ective June 1, 2018, the printing of ase note that this change only app other purposes, including Miscella a result, effective June 1, 2018, ancy as an Electronic Office.  Eart 7 – Current (Transferring)  ease provide the residential address  Current Owner's Name: First:	airline tickets on Automated lies to paper airline tickets. Taneous Charge Orders (MCC all New Agents and Owner  Owner Residential Infor as and phone number for the	Ticket and Boarding Pass (ATB) ticker ravel agents will continue to have the Ds) and passenger receipts.  ship changes will result in the class  mation  current owner (signatory of next page	et stock was inhibited e ability to use ATBs ssification of the ge).
Classification of Agency fective June 1, 2018, the printing of ease note that this change only approther purposes, including Miscellar a result, effective June 1, 2018, a ency as an Electronic Office.  art 7 – Current (Transferring)	airline tickets on Automated lies to paper airline tickets. Taneous Charge Orders (MCC all New Agents and Owner  Owner Residential Infor as and phone number for the Middle:Apt/Suite Numb	Ticket and Boarding Pass (ATB) ticker and Boarding Pass (ATB) ticker avel agents will continue to have the Ds) and passenger receipts.  Ship changes will result in the class mation  current owner (signatory of next page Last:	et stock was inhibited e ability to use ATBs ssification of the ge).

5. Home Telephone Number: \_\_\_\_\_\_Alternate Telephone Number: \_\_\_\_\_



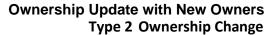
## Part 8 - Certification (Transferring) of Current Owner

I, the undersigned (transferring owner) hereby concurs with the change of ownership for which this application is intended and further acknowledges and agrees that:

- the statements in this application, and all attachments concerning ownership are true and correct;
- upon approval of this application, if any, the proposed owners and all subsequent new owners will have access to data relating to transactions issued by Agent including data maintained in ARC Tools such as but not limited to IAR, ARC's Document Retrieval Service and the Agent's Internet Sales Summaries;
- 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 Agent; and
- Faxed and scanned signatures will constitute original signatures and will be treated with the same force and effect as original signatures

## **Required Submission of Final IAR Sales Report**

Name of the employee des	signated to submit the final IAR	sales report by Tuesday Midnig	ht:
First:	Middle:	Last:	
accounting and Agent's potraffic documents and to resubmitting the final IAR satisfactorizes ARC to submit bank account designated the information entered by the Agent or any third pa	erformance of duties, including temit payment therefore. The unales report by Tuesday Midnig any and all IAR sales reports for ARC drafts for the amounts of the Agent and its employees rty to the extent that it is subse	the Agent's obligation to accoundersigned has delegated as in ht. If that report is not submitted that have not previously been as owed for such sales reports. The IAR sales report(s) is accepted that any infection of the IAR sales report that any infection is accepted.	hange is subject to a complete and satisfactory and for all sales and transactions issued on ARC adicated on this form the employee responsible for d by Tuesday midnight, the undersigned hereby authorized and/or submitted and draft the Agent's The Agent hereby warrants and affirms that all of curate and complete. ARC shall not be liable to formation was inaccurate or incomplete. The ne submission of the IAR sales reports.
MUST BE SIGNED IN T PRESENCE OF A NOT			
	Signa	ture of Agent's current owner	r (or officer if Agent is a corporation)
		Print or Type name of abo	ove signatory
		Print or Type title of above	e of signatory
		Date Signed	
County of	State	e of	(FOR NOTARY USE ONLY)
On this	day of	, 20	
Print NAME of above sign	natory (NOT THE NOTARY NA	AME)	
appeared before me and, signed the application is n		e, stated that the contents of the	e foregoing application are true and complete, and
NOTARY SEAL			Notary Public Name
			Notary Public Signature
	1	My commission expires on	





## Part 9 - Certification of Proposed Ownership

The undersigned hereby certifies, acknowledges and agrees that:

- I am authorized by the applicant (Agent) to complete and submit this application; and
- The statements in this application and all attachments are true and correct; and
- Approval of this change in ownership does not relieve the Agent of responsibility for any financial obligations of the Agent to the Carriers or ARC.

On behalf of the Agent, 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 all attachments. Agent 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.

Agent agrees to provide prompt written notice to ARC signed by Agent's owner or officer 1) If there are any changes to any of the information provided in the Application or Attachments, or 2) if Agent wishes to withdraw the Application.

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	
	ature of Agent's proposed owner (or corporate officer if Agent is a corporation)
	Print or Type Full name of above signatory
	Print or Type title of above of signatory
	Date Signed
County ofState	of
On thisday of	
Print NAME of above signatory (NOT THE NOTARY N	AME)
appeared before me and, having been duly sworn by m signed the application is my presence.	e, stated that the contents of the foregoing application are true and complete, and
NOTARY SEAL	Notary Public Name
	Notary Public Signature
	My commission expires on