



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)
  - ☐ **For Corporation:** Amendment to the Articles of Incorporation, corporate minutes, recently filed annual report, transfer of share certificates
  - ☐ **For Limited Liability Company (LLC):** Amendment to the Articles of Organization, Amended LLC Operating Agreement
  - ☐ **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 **Certificate of Good Standing** (or equivalent) from the state where the agency operates; if applicable.
- ☐ **Personal History Form(s)** signed and notarized:  
<https://www2.arccorp.com/globalassets/forms/personalhistoryform.pdf>. 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 [arcpaycomp@arccorp.com](mailto:arcpaycomp@arccorp.com).

**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 [arcpaycomp@arccorp.com](mailto:arcpaycomp@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.



**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 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.*

### Preparer Information

All correspondence regarding this application will be sent to the individual designated below:

1. Name of Preparer: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
2. Business Name: \_\_\_\_\_
3. E-mail Address: \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_

### Part 1 - Current Agency Information

#### A. Current Agency Legal Name and Address

1. ARC Number : \_\_\_\_\_
2. Legal Name: \_\_\_\_\_
3. Fictitious (dba) Name: \_\_\_\_\_
4. Suite/Floor: \_\_\_\_\_
5. Street Address: \_\_\_\_\_
6. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
7. E-mail Address: \_\_\_\_\_
8. Telephone Number: \_\_\_\_\_

#### B. Locations Included in the Ownership Change

List all locations involved. If one or more locations of the current entity are included in the ownership change, please list the ARC Number below. If there are more than 5 office locations, please list them on a separate sheet with the same heading.

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_

*If information of the listed locations is changing, please complete the "Branch Continuation" form 658 found in the [Forms Catalog](#) of ARC's website.*

**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 [Personal History Form](#) for each individual listed.

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

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

If you **DO NOT** have any owners that are Business Entities, you do not need to complete Table Two and you can move on to the next section of the application.

#### Table Two – Owing Business Entities

In the table below, **LIST ALL BUSINESS ENTITIES** ("Owing 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 Owing Entity	Type of Owing 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](#).*

**B. Ownership of or Affiliation with another ARC-Accredited Agency**

1. Has any person or business entity with financial interest in, or an affiliation with the Agent, ever had an ownership or financial interest in, or affiliation\* with any other ARC or IATA accredited entity? ☐ No ☐ Yes

\* Affiliation includes, but is not limited to, employment, ticket fulfillment, host agent, consolidator, independent contractor

**If '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.

**Part 3 – Address Change Information**

All address information remains the same: ☐ Yes ☐ No If "No", please complete the following information

**A. Business Location** (Physical location of the Agency – No PO Box, Parcel Box locations, or virtual office locations)

1. Street Address: \_\_\_\_\_
2. Suite/Apartment/Unit/Floor: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
☐ Private Residence ☐ Store Front ☐ Commercial Office ☐ Other: \_\_\_\_\_

**B. Agency Mailing Address** – Address to which all correspondence should be mailed:

1. Street Address: \_\_\_\_\_
2. Suite/Apartment/Unit/Floor/PO Box: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



#### 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 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 a security "question and answer" that will verify their identity when contacting ARC with questions about matters relating to DRS and changes to the DRS Security Manager.

1. First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
2. E-mail: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
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 applicant's DRS Security Manager

1. First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
2. E-mail: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_

##### B. My ARC Web Portal: My ARC Primary Administrator

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

1. First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
2. E-mail: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_



## Part 5 - Personnel Standards

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

### A. Manager

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 designated as the Manager. The Manager must also complete and submit a [Personal History Form](#).

1. First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
2. E-mail: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Has the Agent personally verified the management qualifications and Personnel History Form? ☐No ☐Yes

### B. Operational Contact

This contact will receive information that affects the Agent's operations with ARC and the Airlines. In addition, this contact receives communications related to ARC's products and services.

1. First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
2. E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### C. Debit Memo Contact

This contact will receive communications from ARC and Airlines related to ARC Memo Manager, as well as the research and management of debit / credit memos from ARC and Airline representatives.

1. First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
2. E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### D. Chargeback Contact

This contact will receive communication from ARC and Airline representatives related to the research and management of credit card chargebacks.

1. First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
2. E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### E. Industry Communications (Optional)

This contact will receive information from industry partners such as Airlines, Destination Marketing Organizations, hotels, and rental car companies, as well as those offering incentives, discounts, and other marketing information to travel companies.

1. First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
2. E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_



## Part 6 – Carrier Funds and ARC Traffic Documents

### A. Designated Bank Account

Please provide the following information for the ARC designated bank account required under the ARA.

1. Bank/facility name: \_\_\_\_\_
2. City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
3. Transit routing number: \_\_\_\_\_
4. Account number: \_\_\_\_\_

### B. Access to Bank Account and Traffic Documents

List all individuals that will have access to ARC traffic documents or ticketing via a GDS and/or ARC bank account.

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

Effective June 1, 2018, the printing of airline tickets on Automated Ticket and Boarding Pass (ATB) ticket stock was inhibited.

Please note that this change only applies to paper airline tickets. Travel agents will continue to have the ability to use ATBs for other purposes, including Miscellaneous Charge Orders (MCOs) and passenger receipts.

**As a result, effective June 1, 2018, all New Agents and Ownership changes will result in the classification of the agency as an Electronic Office.**

## Part 7 – Current (Transferring) Owner Residential Information

Please provide the residential address and phone number for the current owner (signatory of next page).

1. 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 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 designated to submit the final IAR sales report by Tuesday Midnight:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

The undersigned also understands and agrees that ARC's approval of the ownership change is subject to a complete and satisfactory accounting and Agent's performance of duties, including the Agent's obligation to account for all sales and transactions issued on ARC traffic documents and to remit payment therefore. The undersigned has delegated as indicated on this form the employee responsible for submitting the final IAR sales report by Tuesday Midnight. If that report is not submitted by Tuesday midnight, the undersigned hereby authorizes ARC to submit any and all IAR sales reports that have not previously been authorized and/or submitted and draft the Agent's bank account designated for ARC drafts for the amounts owed for such sales reports. The Agent hereby warrants and affirms that all of the information entered by the Agent and its employees in the IAR sales report(s) is accurate and complete. ARC shall not be liable to the Agent or any third party to the extent that it is subsequently determined that any information was inaccurate or incomplete. The Agent agrees to indemnify and hold harmless ARC for any and all claims arising from the submission of the IAR sales reports.

### MUST BE SIGNED IN THE PRESENCE OF A NOTARY

\_\_\_\_\_  
Signature of Agent's current owner (or 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 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Print NAME of above signatory (NOT THE NOTARY 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 is my presence.

**NOTARY SEAL**

\_\_\_\_\_  
Notary Public Name

\_\_\_\_\_  
Notary Public Signature

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

\_\_\_\_\_  
Signature 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

(FOR NOTARY USE ONLY)

County of \_\_\_\_\_ State of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Print NAME of above signatory (NOT THE NOTARY 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

\_\_\_\_\_  
Notary Public Name

\_\_\_\_\_  
Notary Public Signature

My commission expires on \_\_\_\_\_