



Dear Travel Professional:

We are delighted by your interest in becoming an ARC participant. ARC enables U.S. travel agencies and professionals to consolidate the management of their relationships with global air travel suppliers and gives them the ability to easily ticket flights worldwide. Completing this Accredited Agent Application Kit is the first step in joining this select group of dedicated travel professionals within the global travel industry. ARC-accredited agencies are provided a full spectrum of products and services— from airline ticketing and reporting and service fee collection systems to Business Intelligence and ARC data tools.

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

We understand that the requirements for ARC accreditation are extensive. By successfully becoming an ARC participating travel agency, your company gains recognition within the global travel industry and gives you access to:

- Ticketing and settlement services with more than 200 airlines.
- ARC Pay (through ARC Agent's Choice or your GDS), providing ARC-accredited agencies with a simple, efficient way to process credit card payments for any travel-related good or service.
- Security – ARC maintains a stringent data policy that protects ARC participants. Full Payment Card Industry (PCI) compliance, which ARC was first in the travel industry to gain, is the credit card industry standard for information protection.
- Additional value-added programs that give you and your clients more options while boosting your bottom line.

For additional information, please visit the [ARC Agency Accreditation](#) webpage.

If you need assistance throughout this process, please contact our dedicated Customer Care Center at 855-816-8003, Monday-Friday 9 a.m.-5 p.m. ET, or by email at [ccchelp@arccorp.com](mailto:ccchelp@arccorp.com).

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

Sincerely,

A handwritten signature in black ink that reads "Lauri Reishus".

Lauri Reishus  
ARC President and Chief Executive Officer



## NEW ARC ACCREDITED AGENCY APPLICATION AGREEMENT

The applicant submits this application to Airlines Reporting Corporation (ARC) for accreditation as an Agent 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 requirements and criteria as though the Applicant were an approved agent being reviewed for retention on the ARC List under the terms of the Agent Reporting Agreement (ARA) <https://www2.arccorp.com/support-training/agent-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 ARA:  
  
Canceled: the status of a former ARC-accredited agent (1) whose Agent Reporting Agreement (ARA) was terminated by ARC, (2) who was subject to the additional operating requirements of section 34 of the ARA at the time when it voluntarily canceled its agreement, (3) who was subject to a demand made pursuant to section 13 of the ARA 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 ARA.\*  
  
Presently in default: the status of an ARC-accredited Agent during the 30-day period referred to in Section 33.7 of the ARA or any extension thereof granted under the ARA.
3. An application is not complete until all required documents and information have been received with all required signatures and fees paid. ARC will not approve an incomplete application. Faxed and scanned signatures shall constitute original signatures and shall be treated with the same force and effect as original signatures.
4. ARC will conduct such 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 ARA.
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.
10. Applicant agrees ARC will be entitled to rely conclusively upon any information or document provided to ARC, or any action taken, or information provided in the Application submitted electronically (or in any other format) by Applicant, Applicant's representatives or Accreditation Tool users and administrators. Applicant will not contest the legally binding nature, validity or enforceability of such transactions or activities initiated, performed or taken in or through electronic means, including the ARC Accreditation Tool, based on the fact that it was done or entered electronically, and expressly waives any rights to assert such claims.

\* For purposes of this Agreement, references to the ARC List and the Corporate Travel Department Reporting Agreement include, in addition, the Agent Reporting Agreement, Verified Travel Consultant Agreement and the Passenger Sales Agency Agreement and its predecessor Sales Agency Agreement, of the Air Traffic Conference of America (ATC), as well as the ARP List of Agents and the ARP Agent Agreement.



## NEW ARC ACCREDITED AGENCY APPLICATION AGREEMENT

The Airlines Reporting Corporation (ARC) is a service company owned by the principal scheduled airlines of the United States. Approximately 200 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 ARC Accredited Agents. 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 location. Please note, however, that some carriers have supplemental requirements and therefore may not automatically appoint an ARC-approved location to issue their tickets through the ARC system. See Section E, Carrier Requirements, below.

### A. Financial Requirements

The applicant must procure and maintain, for the benefit of the carriers and ARC, a Cash Deposit, 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 financial instrument forms may be downloaded from ARC's Website at: <https://www2.arccorp.com/globalassets/forms/aas/doc300.pdf> 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.

### B. Personnel Requirements

1. **Manager:** Each authorized agency location of the agent shall have at least one person who is a full time employee of the agent at the place of business, and is either, the owner, partner, officer, or manager who fulfills each of the following qualifications:
  - a. 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.
2. **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.
3. **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.
4. **Chargeback Contact:** This contact will receive communication from ARC and Airline representatives related to the research and management of credit card chargebacks.
5. **Industry Communications:** This (optional) 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.
6. **ARC Specialist:** Agent must designate an ARC Specialist, 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 ARC Specialist Examination. Applicants can obtain more information concerning the ARC Specialist Training and examination by visiting the ARC Specialist Training page at: <https://www2.arccorp.com/products-participation/travel-agencies/agency-participation/arc-specialist-certification/>



## NEW ARC ACCREDITED AGENCY APPLICATION AGREEMENT

### C. General Qualification Requirements

1. The 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 agency 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. Each ARC Accredited Agent must have an IRS Taxpayers Employer Identification Number (EIN), which is obtained from the Internal Revenue Service.

### 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 applicant, or any person with a financial interest in the applicant, any officer, director, manager or anyone employed in any capacity in which that person has access to ARC traffic documents or money from a sale in which ARC traffic documents are issued:
  - 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 Agent Reporting Agreement.

### E. Carrier Requirements

Individual ARC Carriers may maintain standards in addition to those required by ARC. Individual carriers may require approved Agents 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 Accredited entities and individually notify them if additional information is required.



## NEW ARC ACCREDITED AGENCY APPLICATION AGREEMENT

### F. Traffic Document and Other Security Requirements

Traffic document security is of utmost importance to the Agent, ARC and the carriers.

Detailed information concerning all the traffic document security requirements is provided in the Agent Reporting Agreement (ARA).

### 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.

### H. Prior to Approval

#### 1. The Accreditation Process

- a. When ARC receives your application it is loaded into a database and an agency file is created. From there the accreditation process begins and takes approximately 90 days from the receipt of a complete application.
- b. All questions or discrepancies must be resolved before the final decision can be made and the approval of your application.
- c. If you have submitted the application and discover a material or major omission or change, you must notify ARC in writing immediately.
- d. You will receive correspondence regarding status of your application. If you receive correspondence indicating information is required and you do not respond, your application may be returned.
- e. Participating Carriers are notified of the receipt of your application. Carriers have the option to recognize all ARC accredited agent's general appointment or recognize them one by one specific appointment. Carriers who use specific appointment contact you for additional information in order to sell their tickets.

#### 2. The Interview

- a. The next step in the accreditation process is the interview. An ARC representative will contact you to arrange a time for conducting an interview with key agency personnel (including owners, officers, management and those others as required to ensure the security of ARC Settlement). Physical premises and ticket security conditions may likewise be reviewed. The interview may be conducted in-person or through video conferencing (Webex Meeting/Microsoft Team Meeting). All applicant interviews will be recorded.

#### 3. The Decision

- a. After the interview is complete, ARC will review the application and inspection report. If additional information is required you will be contacted. Failure to respond may result in denial of your application.
- b. If the inspection report and your application meet all ARA requirements your application will be approved and you will receive an email notification of your approval. Upon your approval ARC participating Carriers will be notified of your approval.
- c. If your application is not approved, ARC will advise you of the reasons why and provide you with options to reapply or challenge the decision.

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

- ☐ **Payment of non-refundable \$2,300.00 application via credit card** [www.arccorp.com/payment](http://www.arccorp.com/payment)
- ☐ **Business Structure Documents** (submit the following documents as applicable)
  - ☐ **For Corporation:** Certificate and Articles of Incorporation
  - ☐ **For Limited Liability Company (LLC):** Certificate and Articles of Organization, LLC Operating Agreement
  - ☐ **For Partnership:** Partnership Agreement
  - ☐ **For Sole Proprietorship:** Fictitious Name Certificate
- ☐ **A Financial Instrument** (bond, letter of credit or ARC Cash Security Deposit) is required **under the Legal Name of the Agent**. Financial Instrument amount must be at least \$20,000 and original instrument must be mailed to ARC. 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)

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.



Send completed application with all required attachments to: [apply@arccorp.com](mailto:apply@arccorp.com)

For additional information, please contact us at 1.855.816.8003 or [ccchelp@arccorp.com](mailto:ccchelp@arccorp.com)

**For ARC use only:**

Application Number: \_\_\_\_\_

Payment: \_\_\_\_\_



Application Number (For ARC use only): \_\_\_\_\_

**Privacy Notice:** All information submitted during the application process will be managed in accordance with ARC's Privacy Policy. For more information, please visit <https://www2.arccorp.com/site-privacy-policy/>.

**Preparer Information**

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

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

**Part 1 – Agency Business Information**

**A. Agency Information**

1. Legal Name: \_\_\_\_\_
2. Fictitious (dba) name: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_
4. E-mail Address: \_\_\_\_\_
5. Agency Website(s): \_\_\_\_\_
6. IRS Employer Identification Number (EIN) or Taxpayer Identification Number (TIN): \_\_\_\_\_
7. Select the type of business entity structure which describes the Applicant:  

<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Non-Public Corporation	<input type="checkbox"/> Publicly Traded Corporation
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other: _____
8. If the entity (Applicant) is a corporation or LLC, provide the date and state where it was incorporated or organized
  - a. Date: \_\_\_\_\_ State: \_\_\_\_\_





**B. Agency Location**

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

a. Street Address: \_\_\_\_\_

b. Suite/Apartment/Unit/Floor: \_\_\_\_\_

c. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ Private Residence      ☐ Store Front      ☐ Commercial Office      ☐ Other: \_\_\_\_\_

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

a. Street Address: \_\_\_\_\_

b. Suite/Apartment/Unit/Floor/PO Box: \_\_\_\_\_

c. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Part 2 - Carrier Funds and ARC Traffic Documents**

**A. Designated Bank Account**

Agent must designate a bank account, for the benefit of ARC and Carriers, for the deposit of: 1) Proceeds, held in trust, for the sales of air transportation and ancillary services for which ARC Traffic Documents were issued; and 2) Funds that may be required to pay any other amount ARC is authorized to draft from the account.

1. Bank/facility name: \_\_\_\_\_

2. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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.

## Part 3 - Agency Ownership

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

### A. Ownership Information

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

#### Table One – Individual Owners

In the table below, list all **INDIVIDUALS** who are owners, officers, directors, partners, shareholders, LLC managers, or members of the applicant 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 – 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, etc.)	US Company (Yes or No)	Federal Taxpayer ID Number	Financial Interest %

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

### B. Ownership of or Affiliation with another travel agency

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

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



- a. Name of the individual or entity
- i. Person: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_
- ii. Entity: \_\_\_\_\_
- b. Social Security Number or Tax ID Number (as applicable): \_\_\_\_\_
- c. If applicable, check the appropriate box to describe the individual's or entity's financial interest with the agency
- ☐ Owner ☐ Officer ☐ Director ☐ Partner ☐ Member ☐ Shareholder ☐ Other
- i. If 'Other', please explain: \_\_\_\_\_
- d. Legal Name of the ARC or IATA entity currently or previously affiliated with: \_\_\_\_\_
- e. ARC or IATA Number of the entity currently or previously affiliated with: \_\_\_\_\_
- f. Website(s) affiliated with: \_\_\_\_\_
- g. Dates of affiliation: From: \_\_\_\_\_ To: \_\_\_\_\_
- If more than one individual or entity is identified, complete and submit an ["Affiliation with Another ARC Accredited Agency"](#) form for each additional person or entity.*

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

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 in below will perform the administrative functions for the Applicant's users of various ARC tools, including, but not limited to the creation and revocation of the Applicant 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 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 relating to DRS and changes to the DRS Security Manager.

1. First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
2. Email: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Security Question: \_\_\_\_\_
5. Security Answer: \_\_\_\_\_

Will the person identified above as the Principal also be service 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. Email: \_\_\_\_\_
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 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. Email: \_\_\_\_\_
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. Email: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Has the Applicant personally verified the management qualifications and Personnel History Form?    No    Yes

**B. ARC Specialist**

Provide the following information for the ARC Specialist. The ARC Specialist is a travel agent who has demonstrated knowledge of ARC's Area Settlement Plan (ASP) by passing a stringent training program followed by an examination. For more information and registration / testing, visit [www.arconlinetraining.com](http://www.arconlinetraining.com).

1. First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
2. Email: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Is the Specialist currently certified by ARC?    ☐ No    ☐ Yes
  - a. If 'No', please provide the projected certification date: \_\_\_\_\_
  - b. If 'Yes', please provide the certification number: \_\_\_\_\_



**C. 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. Name: First \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
2. Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**D. 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. Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**E. 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. Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**F. Industry Communications Contact (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. Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Part 6 – Applicant Operations**

Please provide information detailing the business operations of the Applicant.

**A. Agency Financials**

1. If approved as an ARC Accredited Agent, what do you estimate will be the gross amount of air transportation sales of ARC carriers at the location for which approval is requested?

In your first year: \_\_\_\_\_ USD and In your second year: \_\_\_\_\_ USD

2. What sales volume do you need in order to make a profit the first year? \_\_\_\_\_ USD
3. What is your total estimated business income for the first year? \_\_\_\_\_ USD

**B. Staff**

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? ☐ No ☐ Yes
  - a. If 'No', where else will they be located? \_\_\_\_\_
  - b. What will be their responsibilities? \_\_\_\_\_



4. Will you utilize Independent Contractors? ☐ No ☐ Yes
- a. If 'Yes', please provide a description on a separate page on how you will assess your IC's for risk.

### C. Operations

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

Retail B&M / Store Front

Online Travel Agency (OTA)

Call Center

Home Based Travel Agency

Mobile App

Other: \_\_\_\_\_

a. For OTA, please provide your IP Address: \_\_\_\_\_

b. For call center, please provide the Physical Address: \_\_\_\_\_

b.1. Please provide the individual that will be managing the call center: \_\_\_\_\_

*A completed [Personal History Form](#) is required for the individual listed above.*

b.2. Will you be using an Independent Contractor to operate your Call Center? ☐ No ☐ Yes

If 'Yes', please provide the Full Name of the Independent Contractor: \_\_\_\_\_

*We will need a copy of your Call Center Agreement/Contract.*

2. Will you be processing credit cards with travel related charges through a merchant account? ☐ No ☐ Yes

a. If 'Yes', what is the estimated monthly Volume: \_\_\_\_\_ USD

b. Are you familiar with ARC's merchant account ([ARC Pay](#))? ☐ No ☐ Yes

b.1. Would you like to request access to ARC Pay once your application is approved? ☐ No ☐ Yes

*Read more about [ARC Pay](#)*

*For any questions, please email [ARCPayComp@arccorp.com](mailto:ARCPayComp@arccorp.com)*

3. Please provide the GDS(s) with which you have signed or plan to sign a contract: \_\_\_\_\_

4. Please provide all additional websites that will ticket through your Agency (use additional pages if necessary):

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_



## Part 7: 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 (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 of Applicant's owner (or officer if the Applicant is a Corporation)

\_\_\_\_\_  
Print name of Person signing above

\_\_\_\_\_  
Print title of Person signing above

\_\_\_\_\_  
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 \_\_\_\_\_

**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: \_\_\_\_\_

The parties to this "Memorandum of Agreement to the Agent Reporting Agreement" ("MOA") are the Agent identified above ("Agent"), Airlines Reporting Corporation ("ARC"), and each Carrier which is or may become a party to ARC's "Carrier Services Agreement" and has appointed Agent as its agent for the issuance of ARC Traffic Documents in connection with sales 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 "Agent Reporting Agreement" ("ARA") 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.

Agent's use of electronic means (such as a username, password, or Log-in Credential) to transact business under the ARA with ARC and/or the Carrier(s) (including, for example, to demonstrate continued concurrence with the ARA 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 Agent 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. Agent 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 Agent at any time by ARC or Carrier.

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

**FOR COMPLETION BY AGENT IDENTIFIED ABOVE**

BY: \_\_\_\_\_  
Signature of Agent's owner (Corporate officer if agent is a corporation)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
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





## 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/Former Residence**

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

**C. Other/Former 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](http://www.ARCcorp.com).

**A. Current Employment, Occupation, or Activity**

1. Date of employment/activity: From (MM/YYYY): \_\_\_\_\_ To: Present
2. Name of Employer/School/Activity: \_\_\_\_\_
3. Street Address: \_\_\_\_\_
4. Suite/Floor/Unit: \_\_\_\_\_
5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_
6. Telephone Number: \_\_\_\_\_
7. ARC or IATA Number (if applicable): \_\_\_\_\_ Title or Position: \_\_\_\_\_
8. Manager: First: \_\_\_\_\_ Last: \_\_\_\_\_

**B. Previous Employment, Occupation, or Activity**

1. Date of employment/activity: From (MM/YYYY): \_\_\_\_\_ To: \_\_\_\_\_
2. Name of Employer/School/Activity: \_\_\_\_\_
3. Street Address: \_\_\_\_\_
4. Suite/Floor/Unit: \_\_\_\_\_
5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_



6. Telephone Number: \_\_\_\_\_
7. ARC or IATA Number (if applicable): \_\_\_\_\_ Title or Position: \_\_\_\_\_
8. Manager: First: \_\_\_\_\_ Last: \_\_\_\_\_

**C. Previous Employment, Occupation, or Activity**

1. Date of employment/activity: From (MM/YYYY): \_\_\_\_\_ To: \_\_\_\_\_
2. Name of Employer/School/Activity: \_\_\_\_\_
3. Street Address: \_\_\_\_\_
4. Suite/Floor/Unit: \_\_\_\_\_
5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_
6. Telephone Number: \_\_\_\_\_
7. ARC or IATA Number (if applicable): \_\_\_\_\_ Title or Position: \_\_\_\_\_
8. Manager: First: \_\_\_\_\_ Last: \_\_\_\_\_

**Part 5: Agency Roles and Responsibilities**

**A. I currently have, or upon approval of the application will have, access and/or authority to the following**

1. ☐ ARC Traffic Documents (E-Tickets or Paper Documents)
2. ☐ Monies or credit card documents collected by/for the agency
3. ☐ The agency location when the location is closed, locked, or unattended by agency personnel
4. ☐ Make deposits into the ARC-designated bank account
5. ☐ Make withdrawals from the ARC-designated bank account
6. ☐ Prepare and submit ARC Sales Reports

**B. List all positions that you hold in the company identified in Part 1 of this PHF (For example, Manager, CEO, President, Secretary, Treasurer, Shareholder, Partner, Sole Proprietor, etc.)**

1. Title 1: \_\_\_\_\_
2. Title 2: \_\_\_\_\_
3. Title 3: \_\_\_\_\_

**C. Financial Interests**

1. If the Agency/Applicant is an LLC, are you the Managing Member? ☐ No ☐ Yes
2. If the Agency/Applicant is a partnership, are you the Managing Partner? ☐ No ☐ Yes
3. Please state the percent of beneficial ownership you hold in the Agency/Applicant: \_\_\_\_\_

**D. Manager**

1. Manager - a full-time employee of the Agent, responsible for the agency operations
  - a. Are you a full time employee of the Agent? ☐ No ☐ Yes
  - b. Will you be responsible for the operations of the agency and the and Agent's Location(s)? ☐ No ☐ Yes

## Part 6 – Background

If you answer “Yes” to any of the questions in Part 6, please complete the corresponding section of the [Personal History Form Supplementary Response Form](#) and attach it to this PHF.

### A. Travel Industry Background

The questions in Part 6.A seek information about connections or affiliations that you, or your family members, may have with other agencies and travel companies. A "connection" or "affiliation" may include, but not limited to previous and current employment or other association with another agency or travel company (ex. owner, officer, reservation/ticket/host agent, consolidator or independent contractor, etc.)

1. Affiliation with another Accredited Agency or Travel Company/Websites (Airline, GDS, Hotel, Cruise Line, etc.)
  - a. Do you currently have, or have you ever had a financial or ownership interest in, or a connection or affiliation with, any travel company/websites or company accredited by ARC, ARP, ATC, IATA, or IATAN, BSP? ☐ No ☐ Yes  
[Note: ARP means Agent Reporting Plan (Puerto Rico); ATC means Air Traffic Conference; IATA means International Air Transport Association; IATAN means International Air Transport Association Network; BSP means Bank Settlement Plan]
2. Affiliation with a Non-Accredited Agency or Travel Company/Websites (Airline, GDS, Hotel, Cruise Line, etc.)
  - a. Do you currently have, or have you ever had a financial or ownership interest in, or a connection or affiliation with, any non-accredited travel agency or a business offering general travel services? ☐ No ☐ Yes
3. Affiliation by a Family Member
  - a. Does any member of your family currently have, or has any member of your family ever had, a financial or ownership interest in, or an affiliation or connection with any travel company or an agent accredited by ARC, ATC, ARP, IATA or IATAN ? ☐ No ☐ Yes  
[Note: Family members include but are not limited to, your spouse, siblings, children, parents, and in-laws.]
4. Affiliation with a Canceled Agent
  - a. Have you ever had a financial or ownership interest in, or a connection or affiliation with, any agent whose Agreement was canceled or terminated by ARC, ARP, ATC, IATA, or IATAN? ☐ No ☐ Yes  
[Note: For purposes of this question, the words "canceled" or "terminated" also refer to Agreements that were voluntary canceled or terminated.]
5. Affiliation with Agent Presently in Default
  - a. Do you currently have, or have you ever had a financial or ownership interest in, or a connection or affiliation with any agent presently in default under the provisions of the Agent Reporting Agreement or any other ARC Reporting Agreement or the ARC Pay Program Agreement? ☐ No ☐ Yes
6. Involvement with Stolen, Missing or Counterfeit Traffic Documents
  - a. Have you ever been involved in the distribution, sale or issuance of ARC traffic documents (or BSP, ATC, IATA, ARP or carrier traffic documents) which you knew, or reasonably have known, were stolen, counterfeited or reported as missing from an agent? ☐ No ☐ Yes

### B. Criminal History Background (In or outside the United States)

1. Have you **ever been** convicted of a felony or pled guilty or nolo contendere (no contest) to a felony? ☐ No ☐ Yes
2. Have you **ever been** convicted of a misdemeanor related to computer fraud or financial activity or pled guilty or nolo contendere (no contest) to a misdemeanor related to computer fraud or financial activities? ☐ No ☐ Yes
3. Have you **ever been** found by a court to have committed a breach of fiduciary duty involving the use of funds of others? ☐ No ☐ Yes
4. Have you **ever been** arrested, or are you currently under investigation by federal, state, or local law enforcement authorities (e.g., police, attorney general's office, consumer protection agencies, etc.) for any offense or crime, or any alleged offense or crime? ☐ No ☐ Yes

### C. Financial History Background (In or outside the United States)

1. Are you presently, or have you **ever been**, an owner, officer, director, or management employee of any business that has **ever** filed or been the subject of, a petition in bankruptcy? ☐ No ☐ Yes
2. Have you **ever** filed, or been the subject of, a petition in bankruptcy? ☐ No ☐ Yes
3. Have you **ever been** the subject of an adversary proceeding in any bankruptcy case? ☐ No ☐ Yes



## Part 7 – Certification

By signing this Personal History Form (PHF) Certification, I agree that:

- that the information in the PHF was completed by me, or under my direction and,
- prior to signing the PHF, I reviewed each question and answer, and
- All statements made in this Personal History Form (PHF) and any other documents or materials supplied to ARC (in paper or electronic format) in connection with this PHF, including the Supplementary Response Form, if applicable, ("Attachments") are true and correct.

**I acknowledge and agree that as part of the evaluation and verification process ARC reserves the right to request additional document and verify the statements and information provided in this PHF and Attachments. I hereby authorize the release to ARC of any and all documents that ARC deems necessary for the verification process, including, but not limited to, for example, government issued I.D., credit reports, criminal background checks, lease agreements, employment agreements, photographs and IRS documents.**

I understand that if the Applicant does not meet ARC's requirements the application will not be approved. I waive any and all claims, causes of actions and rights to recovery related to any publication or disclosure by ARC, any ARC participating carrier and/or the Travel Agent Arbiter (and their respective employees and representatives) of any asserted reasons for approval or disapproval of the Application connected with this PHF, provided the reason(s) is reasonably related to the discharge or exercise of ARC's rights and obligations and/or the performance of ARC's officers, directors, employees and/or representatives in evaluating, approving and/or disapproving the Application to which this PHF is related.

I agree to promptly notify ARC in writing, if any of the answers or information provided in this PHF change.

If this PHF is submitted electronically via fax or email, I certify that the electronic and original PHF contain identical information. Signatures sent or received by fax or email will constitute original signatures for purposes of this PHF and will be treated the same as original signatures.

**PHF must be signed in the presence of a Notary Public**

\_\_\_\_\_  
Signature of the Person submitting this PHF

\_\_\_\_\_  
Print name of Person signing this PHF

\_\_\_\_\_  
Print title of Person signing this PHF

**(FOR NOTARY USE ONLY)**

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

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

\_\_\_\_\_  
(Print Name of above signatory)

appeared before me and, having been duly sworn by me, stated that the contents of the foregoing Personal History Form (PHF) are true and complete, and signed the application in my presence.

\_\_\_\_\_  
(Print Notary Public's Name)

**NOTARY SEAL**

\_\_\_\_\_  
(Notary Public Signature)

## Personal History Form Checklist

Please submit the following document with your PHF:

- ☐ A copy of your valid driver's license/state identification card (front and back)
- ☐ US Citizens: Copies of documents that prove your US citizenship (for example, US Passport, birth certificate, or Naturalization Certificate)
- ☐ Non-US Citizens: All documents that prove your authorization to work and reside in the US, including, for example, your Alien Registration Card ("Green Card") and other documents and visas issued to you by the US Department of Homeland Security and/or the US Citizenship and Immigration Service and/or the US Immigration and Naturalization Service. *If you are not based in the US, submit 1) valid copies of ID registered with your country and 2) proof of citizenship of your country.*
- ☐ Supplementary forms as applicable

**If any of above are not provided with your submission, this will delay the review of the application and can result in rejection or withdrawal of the application and additional fees.**

ARC may require additional documentation and information to investigate and verify the information included in this PHF.

For additional information, please contact us at 1.855.816.8003 or [ccchelp@arccorp.com](mailto:ccchelp@arccorp.com)



## PHF Supplementary Response Form

**Instructions:** If you answered "Yes" to any question in Part 6.A-C of the Personal History Form (PHF) please provide the required additional information in the corresponding question below:

Provide the ARC Number or the "pending number" assigned to the application (if known): \_\_\_\_\_

Provide the full legal name of Agent/Applicant: \_\_\_\_\_

(Unless otherwise stated in this Form the terms Agency/ Applicant also includes CTDs and VTCs)

Provide the full legal name of the person to which the following responses apply: \_\_\_\_\_

### A. Travel Industry Affiliation

#### 1. Affiliation with Any Accredited Agency or Travel Company/Websites

Provide the following information if you ever had a financial or ownership interest in, or a connection or affiliation with, any travel company/webistes or company accredited by ARC, ARP, ATC, IATAN, or IATAN. If additional space is needed, please attach information on a separate sheet of paper using the same headings below (a-g).

a. ARC or IATA Number (if applicable): \_\_\_\_\_

b. Legal name of Company in with which you are/were affiliated: \_\_\_\_\_

c. Street address: \_\_\_\_\_

d. Suite, Floor, or P.O. Box City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e. Website(s): \_\_\_\_\_

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

g. Your role at the Company: \_\_\_\_\_

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

Provide the following information if you ever had a financial or ownership interest in, or a connection or affiliation with, any non-accredited travel agency or a business offering general travel services. If additional space is needed, please attach information on a separate sheet of paper using the same headings below (a-g).

a. Name of the non-accredited agency or travel business: \_\_\_\_\_

b. Street address: \_\_\_\_\_

c. Suite, Floor, or P.O. Box: \_\_\_\_\_

d. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e. Website(s): \_\_\_\_\_

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

g. Your role at the Company: \_\_\_\_\_

#### 3. Affiliation by a Family Member

Provide the following information if any member of your family currently have, or has ever had, a financial or ownership interest in, or an affiliation or connection with any travel company or company accredited by ARC, ATC, ARP, IATA or IATAN. [Note: Family members include but are not limited to, your spouse, siblings, children, parents, and in-laws.]

a. Family Member First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

b. Relationship of the person identified in 3(a) to you: \_\_\_\_\_

c. Name of the Company your family member was affiliated with: \_\_\_\_\_



## PHF Supplementary Response Form

- d. Street address: \_\_\_\_\_
- e. Suite, Floor, or P.O. Box: \_\_\_\_\_
- f. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- g. Dates of your family member's affiliation with the agent/business: From: \_\_\_\_\_ To: \_\_\_\_\_
- h. Family member's role at the Agency/Business: \_\_\_\_\_

#### 4. Affiliation with a Canceled Agent

Provide the following information if you ever had a financial or ownership interest in, or a connection or affiliation with, any agent whose Agreement was canceled or terminated by ARC, ARP, IATA or IATAN. If additional space is needed, please attach information on a separate sheet of paper using the same headings below (a-j).

- a. ARC Number: \_\_\_\_\_
- b. Canceled Agent's Legal Name: \_\_\_\_\_
- c. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- d. Dates of your affiliation: From (MM/YYYY): \_\_\_\_\_ To: \_\_\_\_\_
- e. Your role at the Agency: \_\_\_\_\_
- f. Do you make, or did you have authority to make, withdrawals from the ARC designated bank account? ☐ No ☐ Yes
- g. Did you have access to ARC traffic documents (including e-tickets)? ☐ No ☐ Yes
- h. Did you prepare or submit ARC sales reports? ☐ No ☐ Yes
- i. Did you have access to monies or credit card documents collected from the sale of tickets or other services issued on ARC traffic documents? ☐ No ☐ Yes
- j. Please include a statement describing the circumstances of your affiliation with the canceled agent(s) and explain why you and the Agent (or Applicant) can be relied on to comply with the terms of the Agent Reporting Agreement.

#### 5. Affiliation with an Agent Presently in Default

Provide the following information if you ever had a financial or ownership interest in, or a connection or affiliation with any agent presently in default under the provisions of the Agent Reporting Agreement or any other ARC Reporting Agreement or the ARC Pay Program Agreement. If additional space is needed, please attach information on a separate sheet of paper using the same headings below (a-f).

- a. ARC Number: \_\_\_\_\_
- b. Canceled Agent's Legal Name: \_\_\_\_\_
- c. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- d. Dates of your affiliation: From (MM/YYYY): \_\_\_\_\_ To: \_\_\_\_\_
- e. Your role at the Agency: \_\_\_\_\_
- f. Please include a statement describing the circumstances of your affiliation with the defaulted agent and explain why you and the Agent (or Applicant) can be relied on to comply with the terms of the Agent Reporting Agreement.



**6. Involvement with Stolen, Missing or Counterfeit Traffic Documents**

If you have ever been involved in the distribution, sale or issuance of ARC Traffic Documents which you knew, or reasonably should have known, were stolen, counterfeited or reported as missing from an agent, please include a statement describing your involvement and explain why you and the Agent (or Applicant) can be relied on to comply with the terms of the Agent Reporting Agreement.

**B. Criminal History Background** *(In or outside the United States)*

If you have ever:

- Been convicted of a felony
- Pled guilty or no contest (nolo contendere) to any felony
- Been convicted of a misdemeanor related to financial activities
- Been convicted of a misdemeanor related to computer fraud or crime
- Been found by a court to have committed a breach of fiduciary duty involving the funds of others
- Been arrested or currently under investigation by federal, state or local law enforcement authorities

Please describe the circumstances of the offense and include:

- The name of the court or jurisdiction
- The docket number
- Dates of the conviction or court determination
- A statement explaining why you and the Agent (or Applicant) can be relied on to comply with the terms of the Agent Reporting Agreement.

**C. Financial History Background** *(In or outside the United States)*

If you have ever filed, or been the subject of a petition in bankruptcy, please provide the following information:

- a. Name and location of the court where the bankruptcy was filed: \_\_\_\_\_
- b. Chapter of the bankruptcy code under which the petition was filed:      Chapter 7              Chapter 11      ☐ Chapter 13
- c. Bankruptcy case number or docket number: \_\_\_\_\_
- d. Date when the bankruptcy was filed: \_\_\_\_\_
- e. Is the bankruptcy case closed?      ☐ No      Yes      If closed, provide the date of closure: \_\_\_\_\_
- f. Was a discharge received from the court?      ☐ No              ☐ Yes
- g. What was the final disposition of the bankruptcy? \_\_\_\_\_
- h. Have you ever been the subject of an adversary proceeding in any bankruptcy case?      ☐ No      ☐ Yes
- i. If 'Yes', please provide the name of the case, court where the case was filed, and the case number:  
\_\_\_\_\_

If you have ever been an owner, officer, director, member of management employee of any business which has ever filed, or been the subject of, a petition in bankruptcy, provide the following information:

- a. Legal name of the business (the Debtor): \_\_\_\_\_
- b. Your position/title with the business: \_\_\_\_\_
- c. Chapter of the bankruptcy code under which the petition was filed: ☐ Chapter 7              ☐ Chapter 11      ☐ Chapter 13
- d. Name and location of the Bankruptcy Court: \_\_\_\_\_
- e. Bankruptcy case or docket number: \_\_\_\_\_



- f. Date when the bankruptcy was filed: \_\_\_\_\_
- g. Is the bankruptcy case closed?    ☐ No    ☐ Yes    If closed, provide the date of closure: \_\_\_\_\_
- h. Was a discharge received from the court?    ☐ No    ☐ Yes
- i. What was the final disposition of the bankruptcy? \_\_\_\_\_

**Please Note:**

For purposes of this form, unless stated otherwise, the terms "Agent/Applicant" and "Agent Reporting Agreement" also mean "Corporate Travel Department or CTD" and "CTD Reporting Agreement" and "Verified Travel Consultant or VTC" and "VTC Program Agreement."