



This Application Agreement must be submitted with the application

AGREEMENT

The undersigned applicant hereby submits the following application to Airlines Reporting Corporation (ARC) for accreditation as an agent and approval of an agency location at which to conduct business as such agent and for inclusion thereof on the ARC Agency List. In consideration of ARC's evaluation of the application, the applicant agrees as follows:

1. Section 80 of the ARC *Industry Agents' Handbook* contains the ARC Agent Reporting Agreement (ARA). Section IV of the ARA states the criteria for an approved agent to be retained on, and the criteria for inclusion on, the ARC Agency List. In order for this application to be approved by ARC, the applicant must, except as this agreement may permit otherwise, meet the same criteria as though the applicant were an approved agent being reviewed for retention on the ARC Agency List.

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

agency code number (ACN): a code number assigned to an agency location by ARC, IATAN (International Airlines Travel Agent Network), ATC (ARC's predecessor, Air Traffic Conference of America), or IATA (International Air Transport Association).

agency location: the specific location for which ARC approval is being sought by this application.

application: this agreement and application, all attachments thereto, and all additional documents submitted with this application and during the evaluation thereof.

branch office: an additional, full-service, authorized agency location of an ARC accredited Agent. The corporate structure or ownership of the Agent's home office and all of the Agent's branch locations (and STP locations) must be identical, absolute, and all-inclusive as a single entity. The Agent's home office shall have full legal and financial responsibility for the administration, staff, liability, maintenance and operational expense of each branch location.

cancelled: the status of a former ARC-approved agent where the ARA was terminated by ARC pursuant to Section VIII.D.1.e or VIII.F.1 of the ARA, or whose voluntary cancellation was subsequently amended by ARC to show failure to pay an amount owed pursuant to the ARA.*

common control: see the definition of control in the ARA.

electronic office: a location accredited as an independent entity, home office, branch, restricted-access location, or on-site branch. The location issues ARC traffic documents in electronic format only; reports e-ticket sales via IAR; and validates e-tickets in accordance with the ARA.

home office: an agency location which will be the applicant's principal place of business as an ARC-accredited agent.

multi-reporting procedure: the reporting procedure described in section VIII.B of the ARA.

presently in default: the status of an ARC-approved agent during the 30-day period referred to in Section VIII.D.1.e of the ARA or any extension thereof granted pursuant to Section VIII.D.1.e (1).

restricted-access branch office: a branch office that will not be open and freely accessible to the public.

restricted-access home office: a home office that will not be open and freely accessible to the public.

system provider: means a person, company, or other legal entity which operates a computerized reservations system which supplies data and/or other products and/or services required for the imprinting of ARC traffic documents in paper format, and/or issuance of ARC traffic documents in electronic format, and/or for the submission of data via IAR, by ARC-approved agents, and which has entered into an agreement or agreements with ARC and with the carrier(s) regarding the above described data, products and/or services.

sales summary: the agent sales summary described in Section 12.4 of the *Industry Agents' Handbook*.

3. This application will not be considered complete until all information and documents requested have been submitted, all documents have all signatures and notarizations that are required, and all applicable fees have been paid. Upon receipt of a complete application, ARC shall notify the carriers and the system providers. If the application is withdrawn, or returned, the carrier and system providers shall be notified.

4. ARC will not approve an incomplete application.

5. The corporate structure or ownership of the home office and the branch must be absolute and all inclusive as a single entity, and the home office must have full legal and financial responsibility for the administration, staff, liability, maintenance, and operational expense of the branch location.

6. The bond, letter of credit or cash deposit required by Section IV.A of the ARA will be \$20,000 for the applicant unless ARC notifies the applicant that a greater amount is required.

7. The classes of persons identified in the ineligibility tests in Section IV.D.2 of the ARA shall, for the purpose of this application, include also any person who has had a involvement in the distribution, sale, or issuance of traffic documents belonging to ARC or ATC, which the applicant or such other person knew, or reasonably should have known, had been stolen or reported as missing from the inventory of traffic documents supplied to an ARC or ATC approved agent.

8. ARC will conduct such investigation, as it deems appropriate to verify the accuracy of the information presented in this application.



9 During the pendency of this application, 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. Each such notification shall be signed either by an owner of the applicant, or by an officer of the applicant if the latter is a corporation. Failure to so notify ARC will itself constitute a material misrepresentation in the application.

10. ARC will reject and return this application to the agent if at any time during the pendency of the application the agent becomes subject to the requirements of Section IX of the ARA.

11. On or before the 90th day after receipt of a complete application, ARC will, except as provided in paragraphs 10 and 13 of this agreement, approve it, execute the ARA with the applicant, place the applicant's name and location on the ARC agency list, and so notify all carriers party to the ARC Carrier Services Agreement and the system providers.

12. The location will, upon approval, be added to the ARC agency list, and the carriers party to the ARC Carrier Services Agreement will be so notified; ARC will not, however, execute a new or separate agreement with the applicant in connection with such approval.

13. ARC will disapprove this application if it finds that the applicant does not meet the requirements for inclusion on the ARC agency list or cannot be relied on to adhere to the terms of the ARA.

14. If this application is disapproved, ARC will notify the applicant and the carriers of the reasons therefore and, if applicable, the bases on which it was determined that the applicant could not be relied on to adhere to the terms of the ARA. The system providers shall be notified of the disapproval of the application.

15. If this application is disapproved, the applicant's sole right of recourse will be to have the disapproval reviewed by the Travel Agent Arbitrator (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.

16. 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.

17. The applicant agrees that, if the branch location is approved as an electronic office, the location will meet the following conditions: a) the location will issue ARC traffic documents in electronic format only, report all sales by Interactive Agent Reporting, and validate e-tickets in accordance with this agreement; b) the location must meet all the requirements provided in the ARA, including Section IV for retention on the Agency List; c) the location is not on the premises of and does not function as a Ticketing Fulfillment Location; d) the location does not function as a ticket shipping location for any other BR or STP; e) the location is or will be staffed by a person meeting the personnel standards of Section IV.B.2; f) the reservations equipment at the location does not have ticketing system functionality; g) the location shall not order, issue or store accountable ARC traffic documents or airline identification plates; the location need not comply with Part A of Attachment B, but the location must comply with Part B.

18. Two or more approved locations of the same legal entity may not operate out of the same premises. A home and a branch, two branches, or an STP and a home or a branch may not share identical quarters. Applications in which this type of arrangement is requested or revealed in an inspection will be disapproved.

* For purposes of this Agreement, references to the ARC Agency List and the Agent Reporting Agreement include, in addition, the Agency List 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 ARP Agent Agreement.

I HAVE READ AND AGREE TO THE TERMS OF THIS AGREEMENT, WHICH REMAIN IN EFFECT DURING ARC PROCESSING OF THE APPLICATION. I UNDERSTAND THAT AFTER APPROVAL OF THIS APPLICATION, THE AGENT WILL BE BOUND BY THE TERMS OF THE AGENT REPORTING AGREEMENT.

Signature of OWNER (or OFFICER if the applicant is a corporation)

Print Name of OWNER (or OFFICER if the applicant is a corporation)

Print Title of OWNER (or OFFICER if the applicant is a corporation)

Date of Signature



PREPARER INFORMATION

ALL CORRESPONDENCE REGARDING THIS APPLICATION WILL BE SENT TO:

1. Name of preparer:

First _____ MN _____ Last _____

2. Doing business as _____
(dba) name:

3. Suite, floor, _____
or P. O. box:

4. Street address: _____

5. City: _____ State: _____ Zip: _____

6. Telephone number: _____ Extension _____

7. Fax number: _____

8. E-mail address: _____

PART 1. BRANCH LOCATION INFORMATION

A. TYPE OF BRANCH LOCATION

Select the appropriate office type for this branch location:

- Branch
- Branch-Restricted Access
- Branch-Electronic Office
- Branch-Electronic Office-Restricted Access

B. BRANCH NAME AND ADDRESS

1. Legal name: _____

2. Doing business as _____
(dba) name:

a. Do you want a new agency identification plate for hand validation? YES NO
If 'YES' print and submit Form 620 with applicable fee with this application.

3. Suite, floor _____
or P. O. box:

4. Street address: _____

5. City: _____ State: _____ Zip: _____



C. BRANCH TELEPHONE AND FAX NUMBERS, E-MAIL

- 1. Telephone number: _____
- 2. Fax number: _____
- 3. E-mail address: _____

D. SALES SUMMARY ADDRESS

Provide the address to which all branch sales summaries should be mailed:

- 1. Suite, floor, or P. O. box: _____
- 2. Street address: _____
- 3. City: _____ State: _____ Zip: _____

E. ADDRESS FOR AGENCY CORRESPONDENCE

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

- 1. Suite, floor, or P. O. box: _____
- 2. Street address: _____
- 3. City: _____ State: _____ Zip: _____

F. TICKET DELIVERY ADDRESS

Provide a physical address to which ARC traffic documents should be delivered. ARC traffic documents will not be delivered to a P. O. box address. Electronic office locations may request ARC non-accountable documents, but are not authorized to order, issue, or store ARC accountable traffic documents.

- 1. Suite, floor, or P. O. box: _____
- 2. Street address: _____
- 3. City: _____ State: _____ Zip: _____
- 4. Agency Code Number (ACN), if applicable: _____



PART 2. OWNERSHIP OF APPLICANT

A. HOME OFFICE INFORMATION

- 1. ACN: _____
- 2. Legal name: _____
- 3. Doing business as (dba) name: _____
- 4. Suite, floor, or P. O. box: _____
- 5. Street address: _____
- 6. City: _____ State: _____ Zip: _____
- 7. Telephone number: _____

B. AGENCY ENTITY TYPE

1. Select the type of business entity:

- Proprietorship:** If the applicant is a proprietorship, please provide the name and SSN of the sole-proprietor (SSN) of the proprietor and proprietor's spouse.
- Partnership:** If the applicant is a partnership, provide the names and SSNs of all partners and indicate whether each individual is a general or limited partner.
- Non-Public Corporation:** If the applicant is a non-public corporation, please provide the name and SSN of each shareholder. If any of the shares are unissued, please indicate that as well, (e.g. Smith 50% unissued 50%).
- Publicly Traded Corporation:** If the applicant is a publicly traded corporation, enter the names, titles and SSNs of all officers and directors who are responsible for the operation and personnel of the entity.
- Limited Liability Company:** If the applicant is a perpetual Limited Liability Company (LLC), provide the names of all members and also indicate those who are managing members or directors. If the applicant LLC is owned by an LLC, please provide the names of all the members in the owning LLC and indicate those that are managing members.

2. Indicate date & state the above entity was incorporated or organized: Date: _____ State: _____

3. If the agency is not an entity type listed above, describe the entity type:



C. OWNERS, OFFICERS, DIRECTORS, PARTNERS, MEMBERS AND SHAREHOLDERS

Percent of shares is not applicable to a sole proprietorship, partnership or limited liability company.

IMPORTANT: The total percent of ownership for the applicant travel agency must equal 100%. The applicant travel agency ownership may be divided between individuals and partnerships, corporations and/or limited liability entities. Make certain if percent of ownership is listed in both Table 1 and Table 2 the combination of percent of shares of both tables equal \$100%. If there is a total of more than 100% (collectively), a discrepancy exists.

Table One, list all natural persons who are owners, officers, directors, partners, shareholders, LLC managers, or members of the applicant travel agency. Please include the name, title, Social Security Number (SSN), for each person listed in Table 1. If one or more of the persons listed below is a shareholder of the applicant travel agency, provide the percent of shares owned by each such person.

Table Two, list all, if any, business entities which are partners, shareholders, or members of the applicant travel agency. Provide the name(s) of that business entity and Federal Taxpayer ID Number for each owning business entity. If one or more of the owning entity(s) listed below is a shareholder of the applicant travel agency; provide the percent of shares of the applicant travel agency owned by each such owning entity. Provide a separate list of the owners, LLC managers or members, partners or shareholders and, if applicable, all corporate officers for each owning entity. If one or more of the owning entity(s) is a non-US corporation, please select the applicable response.

Table with 5 columns: PHF, First Name, Middle Name, Last Name, Title, Social Security Number, % Shares owned by each Individual. Includes checkboxes for each row.

Insert and complete a Personal History Form {PHF} (ARC Form 682) for each individual named in Table 1. REMEMBER: Print the PHF for each individual, have each individual sign the form and have the form properly notarized to submit with the application.

Table with 5 columns: Name of Owning Entity, Type of Owning Entity (Corp, LLC, Ptnrshp), Non-US Corp (Yes to No), Federal Taxpayer ID Number, % Shares of ownership if applicant is corporation.

Provide corporate documentation or Articles of Organization for all entities listed in Table 2. If additional space is needed, complete and insert ARC Form 670.



PART 3. PREMISES AND ACCESSIBILITY

A. CONDITIONAL APPROVAL

1. Agent requests conditional approval for this application: YES NO

If "Yes":

a) Provide the date the location will be operational: MM/DD/YYYY _____

B. BRANCH LOCATION PREMISES

1. Is the applicant located on the premises of another ARC accredited agent or STP? YES NO

If "Yes":

a) Agency ACN: _____

b) Agency legal name: _____

2. Upon approval of the application, will the applicant share its agency location with another business(es)? YES NO

If "Yes":

a) Name of business(es):

b) Describe type(s) of business(es):

c) Identify all owners of the business(es):

3. Upon approval of the application, will the agency location share telephone or fax lines with another business(es)? YES NO

If "Yes":

a) State the name of the business(es):

b) Describe type(s) of business(es):



4. Is the agency located on the premises of a customer(s)? YES NO

If "Yes":

a) State the name of customer(s):

b) Describe type(s) of business(s):

c) Percentage of the agency's business to this customer: _____%

C. LICENSES AND PERMITS

1. Do the government authorities in the state or local jurisdiction where the agency is located required the applicant to obtain a license or permit to operate a travel agency? YES NO

Attach a copy of each required license, permit, etc.

D. BUILDING OR FACILITY IN WHICH THE AGENCY IS LOCATED

1. Describe the building or facility where the agency is located:

Single/multi-user commercial office building Bank Within another business Airport

Separate retail store front Hotel Private Residence Military or Government

Other: Describe: _____

E. LANDLORD AND OWNER OF PREMISES

1. Landlord's name: _____

2. Suite, floor, or P. O. box: _____

3. Street address: _____

4. City: _____ State: _____ Zip: _____

5. Telephone number: _____

6. Name of contact at landlord's office:

First _____ MN. _____ Last _____



7. Is the landlord, or the landlord's representative, an owner, officer, director, employee of, the applicant or a relative of any owner, officer, director of employee of the applicant? YES NO

8. Is the landlord, or the landlord's representative, an independent contractor engaged in selling travel, or travel related services on behalf of the applicant? YES NO

9. Provide the name of the individual who signed the lease for the agency on behalf of the landlord:

First _____ MN: _____ Last _____

10. Provide the name of the individual who signed the lease for the agency location on behalf of the applicant:

First _____ MN: _____ Last _____

11. Provide the name of the person or entity who owns the property (i.e., the building, facility, etc.) where the agency is located:

PART 4. SYSTEM SPECIFICATIONS AND SALES REPORTING

A. AUTOMATED TICKET PRINTER AND SYSTEM PROVIDER

1. Name of the primary CRS/GDS system provider which is, or will be used at the agency location:

Amadeus Galileo Sabre Worldspan MANUAL TICKETS ONLY

2. Indicate below the name of your CRS/GDS system provider, ticket printer manufacturer, ticket printer make/model number and ATB stock for the ticket printer that will be used at the agency location:

Manufacturer	Make/Model	ATB Stock No.

B. ARC SALES REPORTING

1. Name of the person responsible for IAR sales reporting:

First _____ MN: _____ Last _____

2. Telephone and fax number of the applicant's accountant or bookkeeper:

a) Telephone number: _____

b) Fax number: _____



PART 5. PERSONNEL STANDARDS

A. MANAGEMENT QUALIFIER

Please provide the following information for the designated management qualifier and complete and insert a Personal History Form (ARC Form 682). Provide an original, signed and notarized PHF (ARC Form 682) for the management qualifier.

1. Management qualifier name:

First _____ MN: _____ Last _____

2. Social Security Number: _____

- a) Has the applicant personally verified that the management qualifier has the qualifications and experience required in Section IV.B.1 of the ARA? YES NO
- b) Has the applicant personally reviewed and verified the information in the management qualifier's PHF? YES NO

B. ARC SPECIALIST/CERTIFIED ARC SPECIALIST (CAS)

EFFECTIVE OCTOBER 1, 2005, THE CERTIFIED ARC SPECIALIST (CAS) PROGRAM WILL BE REPLACED BY THE ARC SPECIALIST PROGRAM

Please provide the following information for the designated ARC Specialist/CAS and complete and insert a Personal History Form (ARC Form 682). Provide an original, signed and notarized PHF (ARC Form 682) for the ARC Specialist/CAS qualifier.

1. ARC Specialist name:

First _____ MN: _____ Last _____

2. Social Security Number: _____

3. Is the qualifier currently certified by ARC? YES NO

a) If "No", provide the scheduled examination date: MM/DD/YYYY _____

4. Has the applicant personally reviewed and verified the information in the ARC Specialist's/CAS PHF? YES NO



C. OTHER PERSONNEL

Provide the following information for each person not named in Parts 2.C and 5.A or 5.B above, who is, or will be, employed by the applicant, or affiliated in any capacity with the agency location.

Table with 6 columns: Name (FIRST, MN, LAST), Social Security Number, Full-time (yes/no), Employee (yes/no), Independent Contractor (yes/no), Other/Title. It contains four empty rows for data entry.

If more than four people, complete and insert ARC Form 661.

PART 6. BACKGROUND OF APPLICANT AND PERSONNEL

If you answer "Yes" to any question in Part 6, complete and insert ARC Form 663.

A. PREVIOUS ACCREDITATION

Has ARC, ARP, ATC, IATA, or IATAN previously accredited the applicant? [] YES [] NO

B. DISAPPROVAL FOR MATERIAL MISREPRESENTATION

Indicate whether the applicant, or any of the owners, officers, directors, partners, members, shareholders, or employees of the applicant, have been the subject of, or named in any application for accreditation that was disapproved by ARC for material misrepresentation during the past 12 months: [] YES [] NO

C. PRIOR AFFILIATION WITH ANY ACCREDITED AGENCY OR ENTITY

Indicate whether the applicant or any person named in this application has or had a financial interest in, or a connection or affiliation with, or was employed by, any agency or entity accredited by ARC, ARP, ATC, IATA, or IATAN not listed in this application or attachments: [] YES [] NO

D. PRIOR AFFILIATION WITH A NON-ACCREDITED AGENCY OR TRAVEL COMPANY

Indicate whether the applicant or any person named in this application has or had a financial interest in, or a connection or affiliation with, or was employed by any non-accredited travel agency (e.g., any entity or agency which sold, or offered for sale, air transportation or ancillary services). [] YES [] NO



E. PRIOR AFFILIATION WITH A CANCELED AGENT

Indicate whether the applicant or any person named in this application has or had a financial interest in, or a connection or affiliation with, or was employed by any agent or entity previously canceled by ARC, ARP, ATC, IATA, or IATAN. YES NO

F. AFFILIATION WITH AGENT PRESENTLY IN DEFAULT

Indicate whether the applicant or any person named in this application has or had a financial interest in, or a connection or affiliation with, or was employed by any agent presently in default under the ARA. YES NO

G. INVOLVEMENT WITH STOLEN, MISSING OR COUNTERFEIT TRAFFIC DOCUMENTS

Indicate whether the applicant or any person named in this application has or had involvement in the distribution, sale, or issuance of ATC, ARC, or ARP traffic documents which the applicant or such person knew, or reasonably should have known, were counterfeit or had been stolen, or reported as missing. YES NO

H. FELONIES OR MISDEMEANORS

Indicate whether the applicant or any person named in the application:

- 1. Has been convicted of a felony or pled guilty or nolo contendere (no contest) to a felony? YES NO
- 2. Has been convicted of a misdemeanor related to financial activity or pled guilty or nolo contendere (no contest) to a misdemeanor related to financial activity? YES NO
- 3. Has been found by a court to have committed a breach of fiduciary duty involving the use of funds of others? YES NO
- 4. Has been arrested or is 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 in any way related to employment or affiliation with a travel agency or travel related company? YES NO

I. BANKRUPTCY

Indicate whether any owner, officer, director, partner, member, shareholder, or management employee named in this application:

- 1. Has ever been or is an owner, officer, director, partner, member, shareholder, or management employee of any business which has ever filed, or been the subject of, a petition in bankruptcy? YES NO
- 2. Has ever filed, or been the subject of, a petition in bankruptcy? YES NO

If you answered "Yes" to any question in Part 6, complete the corresponding question on Form 663.



PART 7. SALES TO SELF

A. What percentage of air transportation will be sold at the agency location to any officer, director, partner, member, shareholder, or employee of the applicant location? _____%

PART 8. SECURITY FOR ARC TRAFFIC DOCUMENTS

Part 8 is not applicable to Electronic Office (EO) Locations

A. AUTOMATED TICKET PRINTER LOCATION

1. Describe where the automated ticket printer will be located:

- a) The ticket printer will be located in a separate room within the agency location that is accessible only to agency personnel.
- b) The ticket printer will be located in a separate area within the agency location that is accessible only to agency personnel.
- c) Other: describe: _____

B. AUTOMATED TRAFFIC DOCUMENTS

1. Describe the security for the automated traffic documents located in the ticket printer:

- a) The automated traffic documents will be locked inside the printer.
- b) The printer and automated traffic documents therein will be housed in a locked container.
- c) The printer and traffic documents will be placed in a locked room.

C. STORAGE CONTAINERS FOR WORKING SUPPLY OF ARC TRAFFIC DOCUMENTS

1. Describe the type of container that will be used at the agency location for the storage of the documents described in Section VI, Attachment B of the ARA:

- a) Locked metal safe, metal filing cabinet or other metal container, under the exclusive control of the agent with a weight (when empty) of 200 or more pounds and a locking device meeting UL classification 768 (combination/time-locks).
- b) Locked metal safe, metal filing cabinet or other metal container, under the exclusive control of the agent, which is permanently attached to the floor or wall of the agency location and a locking device meeting the UL classification 768 (combination/time-locks).
- c) Other: describe: _____



D. STORAGE LOCATION FOR RESERVE SUPPLY OF TRAFFIC DOCUMENTS

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

a) On premises in a storage container (*Section VIII, Attachment B of the ARA*)

If "a", include ARC Form 688 with your application

b) Off premises in a storage facility (*Section VII, Attachment B of the ARA*)

If "b", provide the following information for the off premises storage facility application.

1. Bank/facility name: _____

2. Bank/facility street address: _____

3. City: _____ State: _____ Zip: _____

4. Telephone number: _____ Deposit box number: _____

c) Off premises in another ARC approved agency location

If "c", provide the following information for the ARC approved location.

1. Legal name: _____

2. ACN: _____

E. ACCESS TO THE RESERVE SUPPLY OF TRAFFIC DOCUMENTS

Provide the name and Social Security Number of each person who has, or will have access, to the reserve supply of ARC traffic documents. If using an outside storage facility, ensure that their names also appear on the safe deposit box signature card or other official access record.

First Name	MN	Last Name	Social Security Number

Complete and insert ARC Form 682 for each person named above. Provide an original, signed and notarized PHF (ARC Form 682) for each person named above.

If additional space is needed, complete and insert, ARC Form 676.



PART 9. SECURITY FOR CARRIER FUNDS HELD IN TRUST BY THE AGENT

A. DESIGNATED BANK ACCOUNT

The bank transit routing number and account number must be identical to the transit routing number and account number shown on the original voided check or bank specification sheet.

- 1. ACN (if using an account already in use by current location): _____
- 2. Bank/facility name: _____
- 3. City: _____ State: _____ Telephone Number: _____
- 4. Transit routing number: _____
- 5. Account number: _____ UCB Code (if applicable): _____

B. ACCESS TO THE BANK ACCOUNT

- 1) Is listed on the ARC designated bank account identified in Part 9.A;
- 2) Has check-writing authority on the account;
- 3) Will make deposits of carrier funds into the account;
- 4) Will have access to carrier funds maintained in the account described above.

First Name	MN	Last Name	Social Security Number

Complete and insert ARC Form 682 for each person named above. Provide an original, signed and notarized PHF (ARC Form 682) for each person named above.

If additional space is needed, complete and insert, ARC Form 677.



PART 10. CERTIFICATION

DO NOT ALTER ANY PORTION OF THIS APPLICATION OR THE ATTACHMENTS AFTER THE APPLICATION HAS BEEN SIGNED AND NOTARIZED. ANY ALTERATION TO THE FOLLOWING SECTION WILL INVALIDATE THE ENTIRE APPLICATION AND IT WILL BE RETURNED TO YOU FOR RESUBMISSION WITH A NEW CERTIFICATION AND NOTARIZATION.

I hereby certify that the statements made in this application and the attachments thereto are true and correct and that, I am authorized by the applicant identified in Part 2 to file this application. I acknowledge and understand that the application agreement governs the relationship between the applicant and ARC during the pendency of the application. I acknowledge and understand that as part of the evaluation and verification process, ARC may need to verify the information contained in this application and I authorize the release to ARC of any documents, such as but not limited to, lease agreements, System Provider (CRS) or Global Distribution System (GDS) contracts, credit reports, employment agreements, photographs, fingerprints and IRS documents, as may be required to evaluate this application. I acknowledge and understand that ARC requires written notice signed by an owner (or by an officer if the applicant is a corporation) of the Applicant to withdraw this application. I acknowledge and understand that ARC required written notice if there are any changes to any of the answers or information provided in this application, I will notify ARC, in writing, immediately.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature of **owner corporate officer**
(MAY NOT BE SIGNED BY ANY OTHER PERSON)

Type name of above signatory

Type title of above of signatory

(FOR NOTARY USE ONLY)

County of _____ State of _____

On this _____ day of _____, _____.

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 Signature

My commission expires on



APPLICATION CHECKLIST

The following must be included with your application:

1. Fee payment of \$750.00
 2. Original Application Agreement Pages 1 and 2 of the application
 3. Original and copy of signed and notarized application
 4. Original and copy of all Personal History Form(s), ARC Form 682
 5. Copy of license and/or permit
 6. If located in Florida, California or Nevada, a copy of the Seller's of Travel Registration or Certificate.
 7. If applicable, ARC Form 663, Continuation of Application Part 6.
 8. Original voided check or copy of bank specification sheet
 9. If requesting permission to store the entire supply of ARC traffic documents on-premise, submit ARC Form 688 or a copy of the letter from ARC's Risk Management Department approving your on-premises container for storage of all ARC traffic documents (Not applicable to Electronic Office locations.)
- OR**
10. ARC Form 688 or a written request signed by an owner/officer to store the reserve supply of ARC traffic documents off-premise at another ARC approved agency location under the same home office (Not applicable to Electronic Office locations.)

Additional items may be required to complete your application.

KEEP ONE COPY OF THIS APPLICATION IN ITS ENTIRETY FOR YOUR RECORDS

MAIL COMPLETED APPLICATION AND ALL ATTACHMENTS AND COPIES TO:

**AIRLINES REPORTING CORPORATION
ACCREDITATION
4100 NORTH FAIRFAX DRIVE, SUITE 600
ARLINGTON, VA 22203-1629**