



## FORM 501 - SATELLITE TICKET PRINTER (STP) AGREEMENT & APPLICATION

***This Application Agreement must be submitted with the application.***

### AGREEMENT

The undersigned applicant hereby submits the following application to Airlines Reporting Corporation (ARC) for approval of a STP location 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 Supplement 2 of the ARC Agent Reporting Agreement (ARA) covering a Satellite Ticket Printer Location. In order for this application to be approved on the Agency List, the applicant must meet the criteria specified in Supplement 2. These requirements are incorporated in any amendment thereto.

- A. These criteria include the stipulation that the sole ARC travel-related function of an STP location is the delivery of ARC travel-related documents to customers of an ARC-listed agent by means of a ticket printing device. No promotion, counseling, advertising, sales of ARC Traffic Documents or exchange of money in any form for ARC-related travel services shall take place at the STP site.
- B. The applicant also affirms that, regardless of any security measures taken, the applicant assumes full and absolute liability for any and all damage, expense or loss experienced by any carrier, its officers, agents or employees on account of the loss, misapplication, theft or forgery of ARC Traffic Documents, including documents in transit to and from the STP location.
- C. The applicant affirms that the security arrangements at each location will comply with the security requirements specified for the type of STP approved at that location.

2. The following definitions apply to this application, in addition to those contained in the Agent Reporting Agreement (ARA) and in Supplement 2 of 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 application, all attachments thereto, and all additional documents submitted with this application and during the evaluation thereof.

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

Sales Summary: the agent sales summary described in Section 12 of the *Industry Agents' Handbook*.

ARC Traffic Documents: for the purpose of Supplement 2, ARC Traffic Documents are defined solely as ATB traffic documents.

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.

4. ARC will not approve an incomplete application.

5. No STP location shall be included on the Agency List unless the corporate structure or ownership of the home office and the STP is absolute and all inclusive as a single entity, and the home office has full legal and financial responsibility for the administration, staff, liability, maintenance, and operational expense of the STP location.

6. ARC shall not approve any application for a STP location unless, among other things, the agent is properly bonded in the amount required by Section IV.A.1 of the ARA.

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



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8. 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.

9. If approved this location will 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 Supplement 2 with the applicant in connection with such approval.

10. 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 upon to adhere to the terms of the ARA or Supplement 2.

11. If this application is disapproved, ARC will notify the applicant of the reasons therefore and, if applicable, the bases on which it was determined that the applicant could not be relied upon to adhere to the terms of the ARA or Supplement 2.

12. 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.

13. 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.

14. 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 a 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.

**NOTE:** For purposes of this Agreement, aforementioned 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



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

7. Fax number: \_\_\_\_\_

8. E-mail address: \_\_\_\_\_

**PART 1. STP LOCATION INFORMATION**

**A. STP NAME AND ADDRESS**

1. STP legal name: \_\_\_\_\_

2. Doing business as \_\_\_\_\_  
(dba) name:

3. Suite, floor or \_\_\_\_\_  
P. O. box:

4. Street address: \_\_\_\_\_

5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Telephone number: \_\_\_\_\_

**B. SALES SUMMARY ADDRESS**

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

1. Suite, floor, \_\_\_\_\_  
or P. O. box:

2. Street address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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## C. 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: \_\_\_\_\_

## D. 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. Tickets will not be delivered to the STP*

1. Suite, floor, \_\_\_\_\_  
or P. O. box: \_\_\_\_\_

2. Street address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Agency Code Number (ACN), if applicable: \_\_\_\_\_

## E. TYPE OF STP LOCATION

*Refer to Supplement 2 in Section 80 of the Industry Agents' Handbook for a detailed explanation of location types and security requirements.*

1. This application is for a STP that will be **Select one only**:

- Type 1** - Attended; in private area; will **NOT** serve general public
- Type 2** - Attended; secure common area; may serve general public
- Type 3** - Unattended; private area business hour use; will **NOT** serve general public
- Type 4** - Unattended; secure common area, 24-hour use; will **NOT** serve general public
- Type 5** - Unattended; general public business hour use
- Type 6** - Unattended; general public 24-hour use

## **PART 2. HOST AND HOME OFFICE INFORMATION**

### A. HOST OFFICE INFORMATION

1. ACN: \_\_\_\_\_

2. Legal name: \_\_\_\_\_

3. Doing business as (dba) name: \_\_\_\_\_



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4. Suite, floor, \_\_\_\_\_  
or P. O. box: \_\_\_\_\_

5. Street address: \_\_\_\_\_

6. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. Telephone number: \_\_\_\_\_

## B. HOME OFFICE INFORMATION

1. ACN: \_\_\_\_\_

2. Legal name: \_\_\_\_\_

## **PART 3. STP 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. BUILDING OR FACILITY IN WHICH THE STP IS LOCATED

1. On what type of premises will the STP be located?

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

Separate retail store front  Hotel  Private Residence  Military or Government

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

### C. SHARING PREMISES WITH ANOTHER ARC-ACCREDITED AGENT OR STP

1. Is the STP located on the premises of another ARC approved agent or STP  YES  NO

a) If "Yes", provide the following:

1. ACN of agency or STP: \_\_\_\_\_

2. Legal name of agent:  
\_\_\_\_\_



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## D. PRIVATE RESIDENCE

1. Is the STP located in any type of residence?  YES  NO
- a) If "Yes", does the proposed STP location have the requisite licenses of the jurisdiction in which it is located?  YES  NO

## E. OPEN TO THE PUBLIC

1. Is the STP location regularly open to the general public?  YES  NO

## F. PREMISES OF CLIENT

1. Is the STP on the premises of a client?  YES  NO

## **PART 4. SCOPE OF OPERATIONS**

### A. CLIENT(S) OF STP

1. What type of client(s) will the STP serve? (Check as many as apply):
- One commercial account exclusively  Employee leisure travel
- Multiple commercial accounts  Visitor and/or general public
- Other: describe: \_\_\_\_\_
2. Provide the name of the primary customer or client for this proposed STP location:
- Name of customer or client: \_\_\_\_\_
3. Describe the nature of the customer/clients business:
- \_\_\_\_\_

### B. ADVERTISEMENT

1. Will the STP location be advertised?  YES  NO
- a) If "Yes", check as many as apply:
- Window or door signs  Lobby directories  Billboards
- Trade press  Newspapers/magazines  Phone book
- Radio/TV  Flyers  Internet/Web site
- Other: describe: \_\_\_\_\_



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## C. PAYMENT

1. Will payment be made directly to the attendant at the STP location at any time?  YES  NO

a) If "Yes", check as many as apply:

Cash  Check  Credit card

b) If by check, to whom will checks be made payable?

\_\_\_\_\_

## **PART 5. 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: \_\_\_\_\_

### C. SECURITY FOR TICKET PRINTER

1. Describe the security for the ARC ticket stock in this printer:

a) Ticket stock is locked inside the printer

b) Printer and ticket stock housed in a locked steel container

c) Printer and ticket stock placed in a locked room.

d) Other: describe: \_\_\_\_\_



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## D. SECURITY SYSTEM TO REMOTE TICKETS

1. Check the appropriate block below which describes the type of system the host authorized agency location will use to generate and print tickets, and to which your STP will be connected:

a) System provider (CRS transmits to both the agent location and the STP location)

b) CRS-agent (CRS transmits to agent location, agent transmits to the STP)

c) Ticketing system (CRS transmits to back office system and the back office system transmits to the STP)

Name of ticketing system: \_\_\_\_\_  
ARC Approval Code: \_\_\_\_\_

d) Other: describe: \_\_\_\_\_

## E. TRANSMITTING SYSTEM

1. Check type of transmitting system which will be used to drive the STP:

a) Dedicated, hard line hook-up

b) Telephone hook-up modem

If the answer to item 5.E. above is not "Dedicated, hard line hook-up," indicate the computer security measures which have been taken to prevent unauthorized electronic access to the STP:

a) Validation - The host system will send out an identification code (I.D.) as part of each transmission. The remote printer will validate the I.D. prior to production of any documents. If the I.D. is invalid, the remote printer will not be activated.

b) Call Back Modem - The STP will receive a call which will prompt the unit to disconnect the call and dial out to its only authorized number.

c) Encryption - Data will be sufficiently encrypted prior to transmission to protect data and equipment from unauthorized use.

d) Other: describe:  
\_\_\_\_\_



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## **PART 6. ATTENDANT INFORMATION**

### **A. STP ATTENDANT**

1. Name of the STP attendant:

First \_\_\_\_\_ MN: \_\_\_\_\_ Last \_\_\_\_\_

2. Date of birth: MM/DD/YYYY \_\_\_\_\_

3. Type of identification to be shown to inspector (**Choose one**):

a) If driver's license or state-issued I.D: provide the following:

1. Drivers license/state ID number: \_\_\_\_\_

2. State where I.D. was issued: \_\_\_\_\_

b.) If alien registration card

1. Alien Registration number: \_\_\_\_\_

4. Social Security Number of STP attendant: \_\_\_\_\_

5. By whom is the STP attendant employed: \_\_\_\_\_

## **PART 7. BANK ACCOUNT INFORMATION**

### **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): \_\_\_\_\_



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**PART 8. CERTIFICATION**

**DO NOT ALTER ANY PORTION OF THIS APPLICATION AFTER IT 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 to file 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) to withdraw this application.

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

\_\_\_\_\_  
Signature of **owner or 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



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## **APPLICATION CHECKLIST**

The following must be included with your application:

1.  Fee payment of \$750.00
2.  Voided check or bank specification sheet for the draft account (Unless using an account that is already in use by another ARC approved agency under the same home office.)
3.  Original Application Agreement Pages 1 and 2 of the application.
4.  Original of signed and notarized application and continuation pages.

**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**