

**TEMPORARY CLOSING OF AN AGENCY LOCATION
(SECTION 60.17)**

PURPOSE: Use this application to request approval for the temporary closing of an Agency for up to 30 days because of severe circumstances, beyond your control, such as

fire, flood, illness. Temporary Closings are not intended to be used as a substitute for a

Change of Location Request. If you are relocating, please refer to section VI.B of the Agent

Reporting Agreement and use Form 608 for a Change of Location Request.

CONTENTS: The application consists of the following item:

Instructions and application form (1 page)

GENERAL INSTRUCTIONS:

- a. Read and follow all instructions.
- b. Provide complete answers to all questions.
- c. Keep one copy of the application in its entirety for your records.
- d. Mail the **original** of your application to:

Airlines Reporting Corporation
Law Department
Suite 600

4100 North Fairfax Drive
Arlington, VA 22203-1629

This application and related forms may be photocopied as needed.

ARC

ARC FAX SERVICE FORM 617

REQUEST FOR AUTHORITY FOR TEMPORARY CLOSING OF AN AGENCY LOCATION

Pursuant to Section XX.F of the Agreement, in the event of a situation beyond the Agent's control, e.g. fire, flood, illness,

ARC may, upon written request by the Agent, permit a temporary closing of the agency location for a period not to exceed

30 days. This request must be made within 10 days of the closing of the agency location. If the agency location does not

become operative within the thirty days, ARC may terminate the agreement with the closed location following ten days

advance notice to the agent.

1. Agency Code No.: ____ - ____ - ____ - ____ - ____ Home office ____ Branch ____ STP ____

2. Legal name of Agency:

3. Street address: Suite:

City: State: Zip: ____ - ____ - ____

4. Telephone number: (____) ____ - ____

5. Date agency closed: ____/____/____

6. Reason for temporary closing. Please include a **full description** of your circumstances:

7. Date agency will reopen: ____/____/____

8. Owner Information Name:

Home Address:

City, State, Zip:

Home Telephone: (____) ____ - ____

You must continue to submit a "zero" sales report each week that the location is closed. If there is no actual loss of

premises you must place an appropriate sign on the agency door for the benefit of customers, carriers, vendors, suppliers

and others.

AS CONSIDERATION FOR THIS REQUEST, I HEREBY AGREE TO THE FORGOING TERMS AND

CONDITIONS

Date ____/____/____

Signature of owner or officer

(MUST BE SIGNED BY OWNER OR OFFICER)

Print or type name and title of above signatory

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