



HOME OFFICE INFORMATION QUESTIONNAIRE

Please complete all the following information so that your records can be verified.

- 1. Agency Code Number: _____
- 2. Legal Name of Agency: _____
- 3."DBA" Name of Agency: _____

A. HOME OFFICE PHYSICAL LOCATION:

- 1. Suite, Floor or P.O. Box ONLY: _____
- 2. Street Name & No.: _____
- 3. City: _____ 4. State: _____ 5. Zip: _____

B. HOME OFFICE MAILING ADDRESS OTHER THAN SALES SUMMARIES

- 1. Suite, Floor or P.O. Box ONLY: _____
- 2. Street Name & No.: _____
- 3. City: _____ 4. State: _____ 5. Zip: _____

C. HOME OFFICE SALES SUMMARY ADDRESS

- 1. Suite, Floor or P.O. Box ONLY: _____
- 2. Street Name & No.: _____
- 3. City: _____ 4. State: _____ 5. Zip: _____

D. HOME OFFICE TICKET DELIVERY ADDRESS

- 1. Suite, Floor or P.O. Box ONLY: _____
- 2. Street Name & No.: _____
- 3. City: _____ 4. State: _____ 5. Zip: _____

E. If a Corporation, when and where incorporated: Date: _____ MM/DD/YYYY State: _____

F. HOME OFFICE TELEPHONE NUMBERS/WEB/EMAIL

- 1. Agency Tele. No.: _____ 2. Agency Fax No.: _____
- 3. Agency Bookkeeper Tele. No.: _____
- 4. Agency Email Address: _____



G. Management Qualifier Information:

1. Name: _____
FIRST, MIDDLE, LAST

2. Social Security Number: _____

3. Apartment No., etc: _____

4. Residence Address: _____

5. City: _____ 6. State: _____ 7. Zip: _____

8. Residence Telephone Number: _____

H. Certified ARC Specialist Information:

1. Name: _____
FIRST, MIDDLE, LAST

2. Social Security Number: _____

3. Apartment No., etc: _____

4. Residence Address: _____

5. City: _____ 6. State: _____ 7. Zip: _____

8. Residence Telephone Number: _____

I. Ticketing Qualifier Information:

1. Name: _____
FIRST, MIDDLE, LAST

2. Social Security Number: _____

3. Apartment No., etc: _____

4. Residence Address: _____

5. City: _____ 6. State: _____ 7. Zip: _____

8. Residence Telephone Number: _____

J. List the name, title, residence address, residence telephone number and social security number of all owners, partners, members, officers and directors of the agency. If a corporation, include the amount of stock held by each shareholder. If additional space is needed, insert ARC Form 678.

Name: _____
FIRST, MIDDLE, LAST

Title: _____ Social Security Number: _____ Percent (%) of Stock: _____

Apartment No., etc: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Residence Telephone Number: _____

Name: _____
FIRST, MIDDLE, LAST

Title: _____ Social Security Number: _____ Percent (%) of Stock: _____

Apartment No., etc: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Residence Telephone Number: _____



J. List the name, title, residence address, residence telephone number and social security number of all owners, partners, members, officers and directors of the agency. If a corporation, include the amount of stock held by each shareholder. If additional space is needed, insert ARC Form 678.

Name: _____
FIRST, MIDDLE, LAST
Title: _____ Social Security Number: _____ Percent (%) of Stock: _____
Residence Address: _____
Apartment No., etc: _____
City: _____ State: _____ Zip: _____
Residence Telephone Number: _____

Name: _____
FIRST, MIDDLE, LAST
Title: _____ Social Security Number: _____ Percent (%) of Stock: _____
Residence Address: _____
Apartment No., etc: _____
City: _____ State: _____ Zip: _____
Residence Telephone Number: _____

K. Name and address of bank or equivalent off-premises facility where tickets are stored:

1. Location name: _____ 2. Deposit Box No/Room: _____
3. Suite, Floor or P.O. Box ONLY: _____
4. Street Name & No.: _____
5. City: _____ 6. State: _____ 7. Zip: _____
8. Telephone Number: _____

Signature of owner or officer
(MUST BE SIGNED BY OWNER OR OFFICER)

Date of signature MM/DD/YYYY

Type name of above signatory

Type title of above signatory

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**