



Use this application for a transfer of 30% or more of the shares in a corporation with No NEW Shareholders or a perpetual LLC with No NEW Members

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 - DESIGNATION OF CURRENT ENTITY

A. CURRENT AGENCY LEGAL NAME AND ADDRESS

1. Agency Code Number (ACN): _____

2. Legal name: _____

3. Doing business as (dba) name _____

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

5. Street address: _____

6. City: _____ State: _____ Zip: _____

B. CURRENT AGENCY TELEPHONE AND FAX NUMBERS, E-MAIL

1. Telephone number: _____

2. Fax number: _____

3. E-mail address: _____



PART 2 – CURRENT OWNERSHIP OF ENTITY

Percent of shares is not applicable to a sole proprietorship, partnership or perpetual 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.

PHF	First Name, Middle Name, Last Name	Title	Social Security Number	% Shares owned by each individual
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

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

If additional space is needed, complete and insert ARC Form 656.



B. PROPOSED OWNERS, OFFICERS, DIRECTORS, MEMBERS AND SHAREHOLDERS

Percent of shares is not applicable to a sole proprietorship, partnership or perpetual 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.

PHF	First Name, Middle Name, Last Name	Title	Social Security Number	% Shares owned by Each Individual
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

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.**

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, insert and complete ARC Form 657.



PART 4. 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.

The undersigned assumes responsibility for all previous financial obligations of the agent to ARC and to the carriers. Provided, however, that this assumption of responsibility shall not be deemed to nullify or abridge to any extent the rights and privileges of any person under the U. S. Bankruptcy Code. I acknowledge and understand that, to withdraw this application, ARC requires written notice prior to the effective date of the approved change signed by a current or remaining owner or officer of the agent 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 is my presence.

NOTARY SEAL

Notary Public Signature

My commission expires on



A·R·C

FORM 651 – TYPE I OWNERSHIP CHANGE APPLICATION

APPLICATION CHECKLIST

The following must be included with your application:

1. Submit an original, signed and notarized application, and Personal History form(s) of remaining owners.
2. Copy of the applicant's Certificate and Articles of Incorporation and most current Corporate Minutes– **OR** – if the applicant is a limited liability company, a legible copy of the Certificate of Organization, the Articles of Organization, and the LLC Operating Agreement

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**