



**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. TYPE OF AGENCY**

1. Select the appropriate office type for the current entity:  Home  Independent

2. Select additional office type, if applicable:  Restricted Access  Electronic Office

**B. CURRENT LEGAL NAME AND ADDRESS**

1. Does the ownership change also involve a change in location?  YES  NO

*If 'YES' include Change of Location (ARC Form 608).*

2. Agency Code Number (ACN): \_\_\_\_\_

3. Legal name: \_\_\_\_\_

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

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

6. Street address: \_\_\_\_\_

7. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



**C. CURRENT AGENCY TELEPHONE AND FAX NUMBER, E-MAIL, AND WEB ADDRESSES**

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

**D. CURRENT AGENCY ENTITY TYPE**

1. Indicate the agency entity type for this Type II change of ownership:

- 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 incorporated or organized: Date: \_\_\_\_\_ State: \_\_\_\_\_

**E. AGENCY FEDERAL EMPLOYER IDENTIFICATION OR TAXPAYER ID NUMBER:**

1. Internal Revenue Service Employer Identification (EIN) or Taxpayer Identification Number (TIN) of the current entity: \_\_\_\_\_

**F. DISPOSITION OF BRANCH(ES) AND/OR STP(S)**

1. Are any or all branch and/or STP locations included in the ownership change?  YES  NO

*If "YES", complete ARC Form 658 for each location. If one or more locations of the CURRENT ENTITY is/are NOT included in the ownership change, complete ARC Form 659 for each location.*



G. CURRENT OWNERS, OFFICERS, DIRECTORS, SHAREHOLDERS, MEMBERS

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.

Table with 5 columns: PHF, First Name, Middle Name, Last Name, Title, Social Security Number, % Shares owned by each individual. Includes checkboxes in the PHF column.

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.

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



**PART 2. DESIGNATION OF PROPOSED ENTITY**

**A. 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.**



**B. DATE OF OWNERSHIP TRANSFER**

1. Date: \_\_\_\_\_ MM/DD/YYYY

**C. 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: \_\_\_\_\_

**D. 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: \_\_\_\_\_

**E. 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. ACN, if applicable: \_\_\_\_\_



**F. OWNERSHIP OF OR AFFILIATION WITH ANOTHER ARC-ACCREDITED AGENCY**

*If more than one individual or entity is identified, complete and insert ARC Form 673 for each additional person or entity.*

1. Does any person or entity with an ownership or financial interest in, or any affiliation or connection with the applicant, also have an ownership or financial interest in, or any affiliation or connection with any another ARC approved entity (e.g. another ARC accredited agent or corporate travel department)?  YES  NO

If "Yes", for that person or entity provide the following:

a) Name: *First* \_\_\_\_\_ *MN* \_\_\_\_\_ *Last* \_\_\_\_\_

b) Social Security Number: \_\_\_\_\_

c) Check the appropriate box(es) to describe individual's or entity's ownership interest in, affiliation or connection with this agency:

- Owner  Officer  Director  Partner  Member  Shareholder, % shares \_\_\_\_\_

If other affiliation, please describe: \_\_\_\_\_

d) Legal name of other ARC accredited entity: \_\_\_\_\_

e) Street address of other ARC accredited entity: \_\_\_\_\_

f) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

g) Dates of affiliation: **FROM:** \_\_\_\_\_ MM/DD/YYYY **TO:** \_\_\_\_\_ MM/DD/YYYY

h) ARC Agency Code Number (ACN) of the other ARC accredited entity: \_\_\_\_\_

**PART 3. PREMISES AND ACCESSIBILITY**

**A. PREMISES**

1. Is the applicant located on the premises of **another** ARC accredited entity 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(s) 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(s) of customer(s):

\_\_\_\_\_

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

\_\_\_\_\_

c) Percentage of the agency's business to this customer(s): \_\_\_\_\_ %



**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.

**A. INTERACTIVE AGENT REPORTING (IAR)**

1. Name of person ARC may contact who will be authorized to create and manager IAR Usernames and Passwords.

a) *First* \_\_\_\_\_ *MN* \_\_\_\_\_ *Last* \_\_\_\_\_

b) Email Address: \_\_\_\_\_

c) Telephone number: \_\_\_\_\_

d) Contact email address: \_\_\_\_\_

**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) Email address: \_\_\_\_\_



**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.A 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.*

Name (FIRST, MN, LAST)	Social Security Number	Full-time (yes/no)	Employee (yes/no)	Independent Contractor (yes/no)	Other/Title

*If additional space is needed, 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 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**

1. Is the bank account changing as a result of the ownership change?  YES  NO

*If 'Yes', complete attached ARC Form 614.*

***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.***

2. ACN (if using an account already in use by current location): \_\_\_\_\_

3. Bank/facility name: \_\_\_\_\_

4. City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

5. Transit routing number: \_\_\_\_\_

6. Account number: \_\_\_\_\_ UCB Code (if applicable): \_\_\_\_\_



**B. ACCESS TO THE BANK ACCOUNT**

*Provide the name and Social Security Number for each person who:*

- a) Is listed on the ARC designated bank account identified in Part 9.A;
- b) Has check-writing authority on the account;
- c) Will make deposits of carrier funds into the account;
- d) 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.***



A·R·C

FORM 652 – TYPE II OWNERSHIP CHANGE APPLICATION

**PART 10.A CERTIFICATION - CURRENT OWNERSHIP**

**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, the undersigned, hereby concur with the change of ownership of the agency location(s) for which this application is intended and; also understand and agree that the current owner of record (i.e., the current ARC-accredited Agent) is the signatory of the Agent Reporting Agreement and remains responsible thereunder for all operations and activities of the Agent until the Type II change of ownership application is approved by ARC and; understand and agree that upon approval of the Type II change of ownership application, the applicant will thereafter, be the signatory to the Agent Reporting Agreement and will be responsible thereunder for all operations and activities of the Agent and; acknowledge and understand that in order to withdraw this application, ARC must receive, prior to approval of the application, a written request to withdraw signed by an owner or officer of the applicant.

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

\_\_\_\_\_  
Signature of **CURRENT** 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 is my presence.

**NOTARY SEAL**

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
My commission expires on

PROVIDE THE **RESIDENTIAL** ADDRESS AND PHONE NUMBER FOR THE **CURRENT** OWNER (ABOVE SIGNATORY) FOR ARC COORDINATION PURPOSES FOLLOWING APPROVAL OF THE CHANGE OF OWNERSHIP.

**CURRENT OWNER'S NAME:** FIRST \_\_\_\_\_ MN \_\_\_\_\_ LAST \_\_\_\_\_

**Street address:** \_\_\_\_\_

**Apt/Suite No. ONLY:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone No.: HOME:** \_\_\_\_\_ **OFFICE:** \_\_\_\_\_



**PART 10.B CERTIFICATION - PROPOSED OWNERSHIP**

**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, the undersigned, 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; and 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) contracts, credit reports, employment agreements, photographs, fingerprints, and IRS documents, etc., as may be required to evaluate this application. I acknowledge and understand that in order to withdraw this application ARC must receive, prior to approval of the application, a written request to withdraw signed by an owner or officer of the applicant.

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

\_\_\_\_\_  
Signature of **PROPOSED** 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



**APPLICATION CHECKLIST**

The following documents must be submitted. Missing items render the application incomplete and will delay processing

- 1.  **NON-REFUNDABLE** fee payment of \$860.
- 2.  Original and copy of signed and notarized application
- 3.  Original and copy of all Personal History Form(s), ARC Form 682
- 4.  ARC Form 683
- 5.  Legible copy of business license and/or permit
- 6.  If applicable, copy of Seller of Travel Certificate
- 7.  Copy of rental receipt for bank safe deposit or other off-premises facility to store reserve supply of ARC traffic documents **(Not applicable to Electronic Office locations.)**
- 8.  Copy of signature card or official access record to verify entities of ALL persons who will be permitted access to the ARC traffic documents **(Not applicable to Electronic Office locations.)**
- 9.  ARC Form 688 or a copy of the letter from ARC's FI and FP Department approving your on-premises container for storage of all ARC traffic documents **(Not applicable to Electronic Office locations.)**
- 10.  Copy of the applicant's Certificate and Articles of Incorporation – **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 – **OR** – if the applicant is a partnership, a legible copy of the partnership registration filed with the state – **OR**- copy of Board Resolution
- 11.  Original Security Devices for Interactive Agent Reporting (IAR)(ARC Form 694)
- 12.  Original voided check or bank specification.
- 13.  Copy of documents that indicate who has access, to the bank account listed in Part 9
- 14.  Completed Form 614, if applicable
- 15.  The amount of the bond required of an applicant shall not be less than the bond required of the agent prior to the approval of the ownership change or \$20,000, which ever is greater. Any required adjustment of the amount of the agent's bond or letter of credit to provide coverage in excess of the minimum shall be made each time it is renewed, reinstated or replaced.

**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**



A·R·C

Form 683 – Verification of Traffic Documents

VERIFICATION OF TRAFFIC DOCUMENTS FORM

(For use with Change of Ownership applications)

Current Legal Name of Agency: \_\_\_\_\_

Agency Code No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ - DATE INVENTORY TAKEN: \_\_\_\_\_

SPECIAL INSTRUCTIONS: Only take inventory immediately prior to submitting ownership change application. Enter and complete each type of document separately The low to high serial numbers must equal the number on hand (e.g. 8038:793:701-8038:794:100 means there should be 400 traffic documents on hand.)

Table with 4 columns: Form No., From Serial Number:, To Serial Number:, Total No. and rows for 2 Flight Tickets, 4 Flight Tickets, MCOs, Tour Orders, PTA's, Transitionals, ATBs, Other, Stock Returned to ARC.

THE DATE OF THIS INVENTORY MUST NOT BE OLDER THAN 21 DAYS FROM THE DATE ARC RECEIVES YOUR APPLICATION.

The ARC-approved agent and the proposed owner hereby state that all unused traffic documents supplied by ARC to the agent, at the location identified above, are listed on this form. The submission of this form to ARC and its inclusion in the record of the application for change of ownership does not constitute an agreement or admission by ARC that the foregoing information is consistent with ARC's records. The ARC-approved agent acknowledges responsibility for all traffic documents assigned to it which are not identified on this form as being transferred to the proposed owner, and are not accounted for to the satisfaction of ARC. The proposed owner acknowledges responsibilities for all traffic documents transferred to it effective upon ARC's approval of the change of ownership application with which this form is submitted.

SIGNATURE OF CURRENT OWNER OR OFFICER

SIGNATURE OF PROPOSED OWNER OR OFFICER

Type name of above signatory

Print name of above signatory

Print title of above signatory

Date

Print title of above signatory

Date