



Use this application for notification of structural change in ownership which does not involve the addition of new owners or 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: _____



C. CURRENT ENTITY TYPE

1. Select the type of business entity from the following:

- Proprietorship:** If the applicant is a proprietorship, please provide the name and SSN of the sole-proprietor (SSN) of the proprietor and proprietor’s spouse.
- Partnership:** If the applicant is a partnership, provide the names and SSNs of all partners and indicate whether each individual is a general or limited partner.
- 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 was incorporated or organized: Date: _____ State: _____

3. If the agency is not an entity type listed above, describe the entity type:

D. CURRENT ENTITY FEDERAL EMPLOYER IDENTIFICATION OR TAXPAYER ID NUMBER

1. Internal Revenue Service Employer Identification Number (EIN) or Taxpayer Identification Number (TIN):



E. CURRENT OWNERS, OFFICERS, DIRECTORS, PARTNERS, MEMBERS AND SHAREHOLDER

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.



PART 2 - DESIGNATION OF PROPOSED ENTITY

A. PROPOSED CHANGES

1. Does the applicant intend to change the legal and/or (dba) or “trade name”? YES NO

If “Yes,” provide the following:

a) Proposed Legal Name:

b) Proposed doing business as” name:

a. Do you want a new agency identification plate for hand validation? YES NO

If “YES” print and submit Form 620 with applicable fee with this application.

If some or all branch and/or STP locations involved in the Type III Ownership Change will be changing dba names insert ARC Form 658. If some or all branch and/or STP locations are NOT involved in the Type III ownership change, insert ARC Form 659 and advise the disposition of each such location.

If changing the doing business as name for branch and/or STP locations, submit Change of DBA Name request (ARC Form 606) for each location.

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

If “Yes”, include Change of Agency Location [ARC Form 608] request and the appropriate processing fee for the Change of Location request with this application.

3. Does the applicant intend to change the bank account? YES NO

If “Yes”, submit a Change of Bank Account (ARC Form 614) with this application.

a) Does the bank account change include any branch YES NO
branch and/or STP locations of the agent?

If “Yes” to branch and/or STP locations, complete ARC Form 658.



B. PROPOSED ENTITY TYPE

1. Select the type of business entity from the following:

- Proprietorship:** If the applicant is a proprietorship, please provide the name and SSN of the sole-proprietor (SSN) of the proprietor and proprietor's spouse.
- Partnership:** If the applicant is a partnership, provide the names and SSNs of all partners and indicate whether each individual is a general or limited partner.
- 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 was incorporated or organized: Date: _____ State: _____

3. If the agency is not an entity type listed above, describe the entity type:

C. PROPOSED ENTITY FEDERAL EMPLOYER IDENTIFICATION OR TAXPAYER ID NUMBER

1. Internal Revenue Service Employer Identification Number (EIN) or Taxpayer Identification Number (TIN):



D. PROPOSED OWNERS, OFFICERS, DIRECTORS, PARTNERS, 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.



A·R·C

FORM 653 – TYPE III OWNERSHIP CHANGE APPLICATION

PART 3 - 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, on behalf of the new entity, 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.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature of **owner or officer of Agent**
(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 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



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. ARC Form 681 – Amendment to the agreement, original and one copy.
3. Legible copy of the proposed entity’s Certificate of Incorporation, Articles of Organization or Partnership Agreement, if an LLC provide a copy of the LLC Operating Agreement.
4. Copy of Internal Revenue Service (IRS) confirmation of Employer Identification Number for the new entity.
5. Original of surety bond rider or irrevocable letter of credit amendment
6. Form 608, Change of Agency Location, if applicable
7. Form 614, Change of Agent’s Bank Account, if applicable

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 681 – Amendment to Airlines Reporting Corporation Agent Reporting Agreement

AMENDMENT TO AIRLINES REPORTING CORPORATION AGENT REPORTING AGREEMENT

The Airlines Reporting Corporation (ARC) Agent Reporting Agreement between ARC and

Current Legal Name of Agency: _____

Agency Code No.: _____

as amended and supplemented to date, is hereby further amended as follows:

Select appropriate application type:

- Type 1 – Change of Agency Legal name: ARC Form 607
Type 2 – Redesignation of Home Office: ARC Form 610
Type 3 – Change of Ownership: Type III or Type V

1. CHANGE OF LEGAL NAME- The current name of record for the agency code number shown above is hereby changed in accordance with the agent's request, to

New legal name

dba or trade name, if applicable

ARC USE ONLY: This change of name is effective as of: ___/___/___

2. REDESIGNATION OF HOME OFFICE- The current home office of record for the agent identified above is hereby changed in accordance with the agent's request, to

Suite, Floor, P.O. Box ONLY: _____

Street No. & Name of new home office: _____

City: _____ State: _____ Zip: _____

Agency code no. of new home office: _____ ARC USE ONLY: This re designation is effective as of: ___/___/___

3. CHANGE OF OWNERSHIP - The Agent Reporting Agreement referred to above is hereby transferred from the agent identified above, to

Full legal name of transferee [New Agency]

in accordance with the change of ownership application approved by ARC on ___/___/___ (ARC use only). Upon approval and signing this change of ownership amendment, the parties to the Agent Reporting Agreement referred to above shall be the transferee, ARC, and each carrier which is or may become a party to ARC's "Carrier Services Agreement" and has appointed the transferee as its agent for the issuance of ARC traffic documents in connection with sales of air transportation and/or ancillary services. (In signing this change of ownership amendment, ARC acts on its own behalf and on behalf of each such carrier.) Each of the parties hereby agrees to be bound by the terms of ARC's Agent Reporting Agreement (ARC form 071112-02 and all like-numbered attachments and supplements thereto) and, where applicable, all supplementary agreements thereto, which are incorporated herein by reference as though fully set forth in this change of ownership amendment and memorandum of agreement. Subsequent to the execution of this memorandum of agreement, the Agent may elect to transact business with ARC, including without limitation, to confirm continued concurrence with the terms and conditions of the Agent Reporting Agreement and future amendments thereto, purchase products and services, or remit payments, through the use of electronic means, with a Security Device such as an electronic signature, password, access code, username or personal identification number (PIN). Agent acknowledges and agrees that its use of any electronic means to transact business with ARC shall have the same force and effect as a handwritten signature, shall bind the Agent for all purposes, and shall be deemed admissible as between the parties to the same extent and under the same conditions as other business records originated and maintained in documentary form. Agent agrees not to contest the validity or enforceability of such electronic transactions, under the provisions of any applicable law, confirmed with Agent's Security Device. This change of ownership amendment is effective as of ___/___/___ (ARC use only)

Full legal name of transferee [new agency]

AIRLINES REPORTING CORPORATION

By: _____
Signature of owner or officer of new agency

By: _____

Type name and title of above signatory