



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 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"/>				

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 - PROPOSED AGENCY LOCATION INFORMATION

A. LOCATIONS AFFECTED BY THE OWNERSHIP CHANGE

Select ONLY ONE

If 10 or more locations are involved in the Type IV Ownership Change, contact ARC for a complete listing of all locations attached to the Home Office.

The ownership change involves the following location type(s):

- Type 1** - Independent Entity becoming a branch (single location)
- Type 2** - Single branch transferring from one Home Office to another Home Office
If Number 2 checked, provide the **CURRENT** Home Office ACN: _____
- Type 3** – Branch location hosting Satellite Ticket Printer(s)
If Number 3 checked, provide the **CURRENT** Home Office ACN: _____
- Type 4** - Multiple locations: Home Office plus Branch(es) and/or Satellite Ticket Printer(s)
If Number 4 checked, provide the **CURRENT** Home Office ACN: _____

If "Number 3 or 4 is selected, complete ARC Form 658, listing each branch and/or STP included in the ownership change and provide the Agency Code Number, NEW doing business as "DBA", and confirmation of whether each branch and/or STP location will be involved in a bank account change.

If one or more locations of the CURRENT ENTITY is/are NOT included in the ownership change, insert ARC Form 659. List the ACN for each location NOT included in the ownership change and provide the disposition for each Location. (ie, voluntary cancellation, redesignation of host for a STP, change of location, etc.)

B. OTHER RELATED CHANGES – “DOING BUSINESS AS” (DBA) NAME CHANGE

1. 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.
2. Does the applicant intend to change the “doing business as” (dba) name for any or all branches and/or STP’s? YES NO

If 'YES', insert ARC Form 658.



C. GENERAL INFORMATION FOR PROPOSED HOME OFFICE ACQUIRING THE LOCATION

- 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: _____

D. PROPOSED PHONE AND FAX NUMBERS, E-MAIL

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

E. PROPOSED AGENCY 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:



F. 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.

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.

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.

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.

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.



G. 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: _____

H. 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: _____

I. 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. Agency Code Number (ACN), if applicable: _____

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

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.

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:

b. Email Address: _____

c. Telephone number: _____

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

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 - 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): _____



A·R·C

FORM 654 – TYPE IV OWNERSHIP CHANGE APPLICATION

APPLICATION CHECKLIST

The following must be included with your application:

1. **NON-REFUNDABLE** Fee payment of \$600.00 plus \$60.00 per branch and/or STP
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, Verification of Traffic Documents
5. ARC Form 670, Ownership of Applicant/Agent Continuation Page, if applicable
6. ARC Form 693, Request and Agreement for Transfer of Primary Master Pin and Back Office User ID and Password, if applicable
7. ARC Form 932, Application Request and Agreement for User ID and Password for Internet Sales Summary, if applicable
8. ARC Form 614, 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 654 – TYPE IV OWNERSHIP CHANGE APPLICATION

PART 8.A - CERTIFICATION – CURRENT AGENT

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 identified in Part 1 to file this application.

I acknowledge and understand that as part of the evaluation and verification process for this application, 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/GDS) contracts, credit reports, employment agreements, photographs, fingerprints and IRS documents, etc., as may be required to evaluate this application.

I, the undersigned Agent (i.e. the transferring agent), hereby acknowledge and agree that following approval of this application, if any, the applicant (i.e. the proposed owner), and all subsequent new owners shall have electronic access (Internet access) to the on-line sales summary reports (ARC's internet Sales Summary service) and to the transactional data in ARC's Document Retrieval Service for all locations included in this transfer of ownership. 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 offices of either applicant.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature of **CURRENT** 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

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:** _____



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FORM 654 – TYPE IV OWNERSHIP CHANGE APPLICATION

PART 8.B - CERTIFICATION – PROPOSED AGENT

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 identified in Part 2.B to file this application; and acknowledge and understand that the application agreement governs the relationship between the applicant and ARC during the pendency of the 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/GDS) contracts, credit reports, employment agreements, photographs, fingerprints, and IRS documents, etc. as may be required to evaluate this application. I, the undersigned applicant (proposed new owner), acknowledge and agree that if the current owner (transferring agent) does not agree to allow the proposed new owner and subsequent new owners to have access to the transferring agent's electronic sales summaries and agent coupon date (when such becomes available) this application can not be processed by ARC. 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 in my presence.

NOTARY SEAL

Notary Public Signature

My commission expires on



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: _____ (MM/DD/YYYY)

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 5 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