



Personal History Form (PHF) Reference Information

1. This PHF is in connection with one of the following ARC applications:

- New Accredited Agency Application
- Branch Forms 403, 405, 415, 440
- Ownership change Forms 651 – 655
- Database Integrity Change Form 619
- Database Integrity Change Form 622
- Change of Location
- OTHER:** _____

2. Provide the Agency Code Number (ACN) of the Agent to which this PHF is connected (or the “pending number” assigned to the application, if applicable): _____

3. Provide the legal name of Agency/Applicant: _____

4. Provide the city, state and zip code for the location the PHF is applicable to:

City: _____ State: _____ Zip Code: _____

Part 1: Basic Information

Prefix: ___ Mr. ___ Mrs. ___ Ms ___ Miss

A. Full legal name:

First: _____ Middle _____ Last _____

B. Full Maiden name or Full Birth Name:

First: _____ Middle _____ Last _____

C. All other names used

First: _____ Middle _____ Last _____

D. Social Security Number: _____

E. Driver's License Number: _____ State: _____

OR

State Identification Card No: _____ State: _____

F. Date of birth: mm/dd/yyyy _____

G. Place of birth: City: _____ State: _____ Country: _____



H. Are you a citizen or national of the U.S. or Resident Alien authorized to live and work in the U.S.? YES NO

If you are not a U.S. citizen, provide the following:

I. If Resident Alien status applies, provide the following:

a) What is your Registered Alien number? _____

b) Enter the expiration date of the Alien Registration: (mm/dd/yyyy) _____

c. Of what Country are you a citizen of: _____

Part 2: Qualifier Roles

A. Management Qualifier

1. Are you the designated management qualifier for the Agency/Applicant? YES NO

If "Yes", answer the following questions:

a) Have you had at least 2 years full-time experience in selling general travel services to the public? YES NO

b) Have you had at least 2 years full-time experience in supervising the operation of a business offering general travel services to the public? YES NO

B. ARC Specialist Qualifier (ASQ)

1. Are you the designated ARC Specialist Qualifier (ASQ) for the Agency/Applicant? YES NO

If "Yes", answer the following questions:

a) Within the past four years, have you successfully completed ARC Specialist Examination? (i.e. received passing score) YES NO

1) If "Yes" please indicate the ARC Specialist Qualifier's Certificate Number and expiration date:

Certificate Number _____

Date (mm/dd/yyyy) _____

2) If "No", are you scheduled to take the ARC Certified ARC Specialist Examination in the future? YES NO

(a) Indicate the date when you intend to take the examination Date (mm/dd/yyyy) _____

C. Ticketing Qualifier

1. Are you the designated ticketing qualifier for the Agency/Applicant? YES NO

If "Yes", answer the following question:

a) Within the past three years, have you had at least one year's full-time experience in airline ticketing? YES NO



Part 3: Roles and Responsibilities

A. Are you or will you be working full time (35 or more hours per week) at the agency location? YES NO

B. How many hours per week will you work at the agency location? _____ Hrs/Wk

C. I currently have or upon approval of the application will have access to the following:

Check all that apply

- ARC traffic documents
- Monies or credit card documents collected for the agency
- ARC traffic documents located in the agency's off-premises storage facility
- The agency location when closed, locked or unattended by agency personnel
- Does not apply, I will not have access to any of the above.

D. I currently have or will have authority for the following

Check all that apply

- To make deposits into the ARC-designated bank account
- To make withdrawals from the ARC-designated bank account
- To prepare and submit ARC sales reports
- Does not apply, I will not have authority for any of the above.

E. Is the Agency/Applicant a corporation or a limited liability company? YES NO

1. If 'Yes' state all positions that you hold in the company:

- a) Title 1: _____
- b) Title 2: _____
- c) Title 3: _____

2. If the Agency/Applicant is a LLC, are you the managing member? YES NO

3. If the Agency/Applicant is a partnership, are you the managing partner? YES NO

4. If the Agency/Applicant is a corporation, please state the percentage of shares that you own: _____%



Part 4: Residence History

List all places where you have lived during the past five years, beginning with your current address. ARC may require you to provide residence history for a period exceeding five years. If you need to provide additional residence history information, complete ARC Form 678.

A. Current address: From: (mm/dd/yyyy) _____ To: Present

Street address: _____ Apartment number: _____

City: _____ County/ Township: _____

State: _____ Country: _____ Zip Code: _____

Telephone Number: _____

Rent Own Other: _____

B. Former residence: From: (mm/dd/yyyy) _____ To: (mm/dd/yyyy) _____

Street address: _____ Apartment number: _____

City: _____ County/Township: _____

State: _____ Country: _____ Zip Code: _____

Telephone Number: _____

Rent Own Other: _____

C. Former residence: From: (mm/dd/yyyy) _____ To: (mm/dd/yyyy) _____

Street address: _____ Apartment number: _____

City: _____ County/Township: _____

State: _____ Country: _____ Zip Code: _____

Telephone Number: _____

Rent Own Other: _____

D. Former residence: From: (mm/dd/yyyy) _____ To: (mm/dd/yyyy) _____

Street address: _____ Apartment number: _____

City: _____ County/Township: _____

State: _____ Country: _____ Zip Code: _____

Telephone Number: _____

Rent Own Other: _____



Part 5: Employment History

Provide the required information for all of your occupations, employment, and work activities, as well as period of unemployment, self-employment, etc., during the last five years, beginning with your current employer, occupation or activity (including your employment by or affiliation with the Agent or applicant, if applicable). Please include as employment any period of time you were: in school, in the military, working outside the U.S., unemployed, engaged in volunteer work, serving on a board of directors, retired, etc. If you need additional space to account for your full five year employment history, complete and submit ARC Form 679, ARC may require you to provide employment history for a period exceeding five years.

A. Current employment

Date of business/activity: **From:** (mm/dd/yyyy) _____ **To: Present**

Name of Business/Activity: _____

Suite, Floor, P.O. box _____

Street address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone number: _____ Fax number: _____

Agency Code Number (if applicable): _____ Title or position: _____

Supervisor: First: _____ Last: _____

Number of hours per week: _____ Hrs/Wk

Your role: Owner Officer Director Shareholder Other: _____

B. Former employment

Date of business/activity: **From:** (mm/dd/yyyy) _____ **To:** (mm/dd/yyyy) _____

Name of Business/Activity: _____

Suite, Floor, P.O. box: _____

Street address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone number: _____ Fax number: _____

Agency code number (ACN) (if applicable): _____ Title or position: _____

Supervisor: First: _____ Last: _____

Number of hours per week: _____ Hrs/Wk

Your role: Owner Officer Director Shareholder Other: _____



C. Former employment

Date of Business/Activity: **From:** (mm/dd/yyyy) _____ **To:** (mm/dd/yyyy) _____

Name of Business/Activity: _____

Suite, Floor, P.O. box: _____

Street address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone number: _____ Fax number: _____

Agency code number (ACN) (if applicable): _____ Title or position: _____

Supervisor: First: _____ Last: _____

Number of hours per week: _____ Hrs/Wk

Your role: Owner Officer Director Shareholder Other: _____

D. Former employment

Date of Business/Activity: **From:** (mm/dd/yyyy) _____ **To:** (mm/dd/yyyy) _____

Name of Business/Activity: _____

Suite, Floor, P.O. box: _____

Street address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone number: _____ Fax number: _____

Agency code number (ACN) (if applicable): _____ Title or position: _____

Supervisor: First: _____ Last: _____

Number of hours per week: _____ Hrs/Wk

Your role: Owner Officer Director Shareholder Other: _____



Part 6: Background of Agency/Applicant Personnel

If you answer "Yes" to any question in Part 6.A-H, complete the Personal History Form Continuation Page, (ARC Form 671).

A. Prior Affiliation with any Accredited Agency or Entity

1. Have you ever had a financial interest in, or a connection or affiliation with, or been employed by, any agent/entity accredited by ARC, ARP, ATC, IATA, or IATAN (other than the agencies/entities which you have already identified in other parts of this Personal History Form)? YES NO

B. Prior Affiliation with a Non-Accredited Agency or Travel Company

1. Have you ever had a financial interest in, or a connection or affiliation with, or been employed by any non-accredited travel agency or a business offering general travel services (other than the agencies or businesses which you have already identified in other parts of this Personal History Form)? YES NO

C. Prior Affiliation by and Family Member

1. Does any member of your family currently have, or has any member of your family ever had, a financial interest in, an affiliation or connection with, or been employed by an agent accredited by ARC, ATC, ARP, IATA OR IATAN?

Note: Family members include but are not limited to, your spouse, siblings, children, parents, and in-laws.

YES NO

D. Affiliation with a Cancelled Agent

1. Have you ever had a financial interest in, or a connection or affiliation with, or been employed by any agent canceled by ARC, ARP, ATC, IATA, or IATAN Agency List? YES NO

E. Affiliation with Agent Presently in Default

1. Have you ever had, or do you currently have, a financial interest in, or a connection or affiliation with, or are/were you employed by, an agent/entity presently in default under the provisions of the ARC Agent Reporting Agreement or any other ARC Reporting Agreement or the Travel Agent Service Fee Program Agreement (TASFPA)? YES NO

F. Felonies or Misdemeanors

Indicate whether the applicant or any person named in the application:

1. Have you ever been convicted of a felony or pled guilty or nolo contendere (no contest) to a felony?

YES NO

2. Have you ever been convicted of a misdemeanor related to financial activity or pled guilty or nolo contendere (no contest) to a misdemeanor related to financial activities? YES NO

3. Have you ever been found by a court to have committed a breach of fiduciary duty involving the use of funds of others?

YES NO

4. Have you ever been arrested, or 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

G. Involvement with Stolen, Missing or Counterfeit Traffic Documents

1. Have you ever been involved in the distribution, sale or issuance of BSP, ATC, IATA, ARP or ARC traffic documents which you knew, or reasonably should have known, were stolen, counterfeited or reports as missing from an agent?

YES NO

H. Bankruptcy

1. Are you presently, or have you ever been, an owner, officer, director, or management employee of any business that has ever filed or been the subject of, a petition in bankruptcy? YES NO

2. Have you ever filed, or been the subject of, a petition in bankruptcy?

YES NO

3. Have you ever been the subject of an adversary proceeding in any bankruptcy case?

YES NO



Personal History Form Checklist

- A copy of your valid driver's license **OR** if you do not have a driver's license, a copy of the front and back of your valid state photo-identification card may be acceptable
- AND
- Copies of all documents that prove your U.S. citizenship (U.S. Passport, birth certificate or Naturalization Certificate for U.S. citizens), or for non-U.S. citizens your authorization to work and reside in the U.S., including your Alien Registration Card ("Green Card") and all other documents and visas issued to you by the U.S. Immigration and Naturalization Service.
 - Personal History Form continuation pages
 - Form 678 to supplement residence history
 - Form 679 to supplement employment history
 - Form 671 to supplement Part 6

Part 7: Certification

I hereby certify that the statements made in this application and the attachments thereto are true and correct. I have read the instructions for completing this Personal History Form (PHF), and certify that the information in the PHF was completed by me, or under my direction; and, that prior to signing the PHF, I have reviewed each question and answer, and, if submitted electronically, the electronic and the original PHF contain identical information. I acknowledge and understand that, as part of the evaluation and verification process, ARC may need to verify the information contained in the PHF. I authorize ARC to conduct such investigation as it deems appropriate to verify the accuracy of the information in this PHF, and I authorize release to ARC of any documents, such as but not limited to, personal identification documents, lease agreements, credit reports, employment agreements, photographs, fingerprints, and IRS documents, as may be required.

I hereby waive all rights based on libel, slander, or defamation of character by reason of ARC's publication, of any reason for disapproval of this application, including information contained in this PHF, provided that such reason is reasonably related to the discharge of ARC's obligations, the exercise of its rights, or the performance of its officers, directors, and/or employees in evaluating and approving or disapproving this application.

If there are any changes to any of the answers or information provided in this Personal History Form, I will notify ARC, in writing, immediately.

Signature

Print or type **name** of above signatory

Print or type **title** of above signatory

(FOR NOTARY USE ONLY)

County of: _____

State of: _____

On this _____ day of _____, 20____.

(Print Name of **above** signatory)

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 _____