



A.R.C. FORM 407 – SPECIAL EVENT LOCATION APPLICATION (SEL)

PREPARER INFORMATION

ALL CORRESPONDENCE REGARDING THIS APPLICATION WILL BE SENT TO:

1. Name of preparer:

First _____ MI: _____ 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. SEL LOCATION INFORMATION

A. SEL NAME AND ADDRESS

1. SEL legal name: _____

2. Doing business as (dba) name: _____

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

4. Street address: _____

5. City: _____ State: _____ Zip: _____

B. SEL TELEPHONE AND FAX NUMBERS, E-MAIL, AND WEB ADDRESSES

1. SEL telephone number: _____

2. SEL fax number: _____

3. SEL e-mail address: _____

4. SEL website address: _____



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D. SALES SUMMARY ADDRESS

Provide the address to which all SEL sales summaries should be mailed:

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

2. Street address: _____

3. City: _____ State: _____ Zip: _____

E. 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: _____

F. 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. Tickets will not be delivered either to a SEL or to a Satellite Ticket Printer.

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

2. Street address: _____

3. City: _____ State: _____ Zip: _____

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

PART 2. OWNERSHIP OF APPLICANT

A. HOME OFFICE INFORMATION

1. ACN: _____

2. Legal name: _____

3. Doing business as
(dba) name: _____

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

5. Street address: _____

6. City: _____ State: _____ Zip: _____

7. Telephone number: _____



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PART 3 SEL INFORMATION

A. PURPOSE OF SEL

1. Will the location(s) for which this application is intended be used solely to assist the agent in serving the travel needs of specific customers at special events of limited duration as defined in Supplement 3? YES NO

B. SEL INFORMATION

1. Name of special event:

2. Description of special event:

C. DURATION OF SEL

1. Starting date: MM/DD/YYYY _____ Ending date: MM/DD/YYYY _____

2. Will this special event continue for more than four weeks? YES NO

3. If the answer to C.2 is "Yes", a letter from the special event sponsor, promoter, or organizer, or special event promotional materials (e.g., brochures, etc.), stating the starting date and ending date of the special event must be attached to this Notice. **NOTE, HOWEVER, THAT THE EXTENSION OF TIME FOR AN SEL SHALL NOT EXCEED 4 ADDITIONAL WEEKS.**

4. Do you intend to operate any other special events within 6 months following the date of this Notice? YES NO

If the answer to 5 is "YES", note that a separate Notice of Inauguration of Service must be filed for each consecutive special event. Additionally, all unused ARC traffic documents issued to the SELs (within 6 months of the date of this Notice) must be returned to ARC Ticket Division within 3 business days of the last consecutive special event. (See Section 11 of Supplement 3)

5. Agent's contact person for all questions relating to this special event:

First _____ MI: _____ Last: _____

Business street address: _____

Business suite, floor, or P. O. box: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail address: _____



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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 NONE – 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. Indicate how you will electronically submit sales reports to ARC's Interactive Plus Reporting system via your Internet service provider or a CRS/GDS system provider?

- Internet ISP GDS

2. Name of the person responsible for IAR sales reporting:

First _____ MI: _____ Last: _____

3. Telephone and fax number of the applicant's accountant or bookkeeper:

a) Telephone number: _____

b) Fax number: _____

PART 5. PERSONNEL STANDARDS

A. MANAGEMENT QUALIFIER.

Please provide the following information for the designated management qualifier and provide a PHF (ARC Form 682):

1. Management qualifier name:

First _____ MI: _____ 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. CERTIFIED ARC SPECIALIST (CAS) QUALIFIER.

Please provide the following information for the designated Certified ARC Specialist qualifier and provide a PHF



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(ARC Form 682):

1. CAS qualifier name:

First _____ MI: _____ Last: _____

2. Social Security Number: _____

3. Is the CAS 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 CAS qualifier's PHF? YES NO

PART 6. BACKGROUND OF APPLICANT AND PERSONNEL

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



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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

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

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.

1. ACN (if using an account already in use by current location): _____
2. Bank/facility name: _____
- 3 City: _____ State: _____ Telephone Number: _____
4. Transit routing number: _____
5. Account number: _____ UCB Code (if applicable): _____



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APPLICATION CHECKLIST

1. Fee payment of \$750.00. If paper application submitted only, fee if \$850.00.
2. Diskette containing application, continuation pages and Personal History form(s)
3. Original and copy of signed and notarized application
4. Original and copy of all applicable Personal History Form(s), ARC Form 682
5. Voided check or bank specification sheet (unless using an account already in use by another ARC approved agency)

**KEEP ONE COPY OF THIS APPLICATION IN ITS ENTIRETY FOR YOUR RECORDS
MAIL THE ORIGINAL AND ONE COPY OF COMPLETED APPLICATION AND APS FORMATTED
APPLICATION DISKETTE TO:
AIRLINES REPORTING CORPORATION
ACCREDITATION
4100 NORTH FAIRFAX DRIVE, SUITE 600
ARLINGTON, VA 22203-1629**



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PART 8. CERTIFICATION

The Agent understands and agrees that its sole recourse for disapproval of this application and any subsequent Notice of Inauguration of Service at a Special Event Location by ARC shall be its right to have such disapproval reviewed by the Travel Agent Arbiter.

The Agent hereby waives any and all claims, causes of action, or rights to recovery based upon libel, slander, or defamation of character by reason of publication of asserted grounds or reasons for disapproval of this application and any subsequent Notice of Inauguration of service at Special Event Location as is reasonably related to the performance of the appropriate functions specified for ARC, its officers and employees, or the Arbiter, and the performance of their duties in considering or reviewing this application.

In consideration of ARC's review of the undersigned's application, the Agent understands and agrees to all terms and conditions set forth in this application.

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 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 ARC required written notice signed by an owner or officer of the applicant to withdraw this application.

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 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