



A·R·C

FORM 408 – NOTICE OF INAUGURATION OF SERVICE AT A SPECIAL EVENT LOCATION (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: _____

6. SEL code number: _____

7. Name of special event:

8. Description of special event:



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B. 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: _____
- 5. Date by which traffic documents should be received _____ MM/DD/YYYY
by the ticket delivery location identified
in Part 1.b of this Notice:

PART 2 – SEL DURATION

A. 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 2.b 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)



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PART 3. PERSONNEL INFORMATION

A. AGENT’S CONTACT PERSON FOR ALL QUESTIONS RELATING TO THIS SPECIAL EVENT:

1. Name of contact:

First: _____ MI: _____ Last: _____

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

3. Business street address _____

4. City: _____ State: _____ Zip: _____

5. Telephone number: _____

6. Fax number: _____

7. E-mail address: _____

B. PERSON WHO MEETS THE REQUIREMENTS OF SECTION IV.B.1 OF THE ARA

1. Management qualifier name:

First: _____ MI: _____ Last: _____

2. Social Security Number: _____

3. Business street address: _____

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

5. City: _____ State: _____ Zip: _____

C. PERSON WHO MEETS THE REQUIREMENTS OF SECTION IV.B.2 OF THE ARA

1. CAS/Ticketer name

First: _____ MI: _____ Last: _____

2. Social Security Number: _____

3. CAS Certificate: _____ Date of certificate: MM/DD/YYYY _____

4. Business street address: _____

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

6. City: _____ State: _____ Zip: _____



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PART 4. SECURITY FOR ARC TRAFFIC DOCUMENTS

A. SECURITY

1. Where will the ARC traffic documents assigned to the SEL be maintained before they are transported to the SEL? (i.e. – describe security measures which will be in effect for the protection of ARC traffic documents at the home office or designated branch location)

2. How will ARC traffic documents be transported to and from the SEL?

3. Where will ARC traffic documents be maintained at the SEL when the SEL is open?

4. Where will ARC traffic documents be maintained at the SEL when the SEL is closed?

5. 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 additional space is needed, complete and insert ARC Form 676.

First Name	MI	Last Name	Social Security Number

PART 5 – 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
 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.



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B. SYSTEM SECURITY

1. Check the appropriate block, which describes the type of system which will be used at the SEL location identified in Part 1 to generate and print tickets:

- Carrier (direct link to CRS carrier system)
- Third Party (indirect link to CRS carrier system)
- Agent (in-house system with no link to CRS system)
- Agent (in-house system with link to CRS system)

2. Indicate the type of transmitting system, which will be used to drive the automated printer at the SEL:

- Dedicated, hard-line hook-up Telephone hood-up modem

If the answer to item 2 is other than “dedicated hard-line hook-up”, indicate the computer security measures which will be taken to prevent unauthorized electronic access to the SEL:

- Validation** – The host system will send out an identification code as part of each transmission. The remote printer will validate the I.D. prior to production of any documents. If the I.D. is invalid, the remote printer will not be activated
- Call Back Modem** – The remote printer will receive a call, which will prompt the unit to disconnect the call and dial out its only authorized number.
- Encryption** – A one-way encryption modem will encode data being transmitted which further protects data and equipment from unauthorized use.
- Other** describe - _____

PLEASE COMPLETE AND SUBMIT THE ENCLOSED TICKET REQUISITION FORM

Submit this Notice, with payment made payable to Airlines Reporting Corporation for \$175.00 to:

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**

THE AGENT AUTHORIZED ARC TO PROVIDE THE INAUGURATION/CESSATION DATE FOR THE SEL TO THE CRS/GDS NAMED ABOVE.



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

Signature of owner or officer of Applicant
(May not be signed by any other person)

Type name of above signatory

Type title of the 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 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



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SPECIAL EVENT LOCATION TICKET REQUISITION

Address must be Home Office or Branch Location designate in Notice of Inauguration

Legal Name of Agent			Date Submitted:	
			Month	Day
Address			Year	
			Suite No.	
City			State	8 DIGIT SEL AGENCY CODE
Zip Code				

Manual Document	Package Quantity	Stock No.	Quantity Requested
Four Flight	25	1035	
MCO	25	1050	
Tour Order	25	1061	
ATB	Package Quantity	Stock No.	Quantity Requested
Horizontal Feed	1000	1164	
Vertical Feed	1000	1186	
Thermal Horizontal Feed	1000	3426	
Thermal Horizontal Feed Magnetic	1000	8212	

CRS/GDS Provider: Amadeus Galileo Sabre Worldspan

Prepared By: _____

Agency telephone number: _____ Agency fax number: _____