



A·R·C

FORM 409 – NOTICE OF CESSATION OF OPERATIONS  
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. HOME OFFICE INFORMATION**

**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: \_\_\_\_\_



A·R·C

**FORM 409 – NOTICE OF CESSATION OF OPERATIONS  
SPECIAL EVENT LOCATION (SEL)**

**PART . SEL INFORMATION**

**B. SEL INFORMATION**

1. SEL Code number: \_\_\_\_\_

2. Location of special event:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name and description of special event (or last consecutive special event – see Supplement 3, Section 11):

\_\_\_\_\_  
\_\_\_\_\_

4. Date of cessation of operations: MM/DD/YYYY: \_\_\_\_\_

**NOTE: ALL UNUSED ARC TRAFFIC DOCUMENTS MUST BE RETURNED WITHIN 3 BUSINESS DAYS OF THE CESSATION OF THE SPECIAL EVENT (OR WITHIN 3 BUSINESS DAYS OF THE LAST CONSECUTIVE SPECAIL EVENT)**

Debits, credits and other transactions arising after the cessation of the SEL must be reported in the next sales report for the home office location.

On behalf of the agent identified in Number 1, the undersigned guarantees that all unused traffic documents provided to the agent for this SEL (or the consecutive SELs) have been returned to Airlines Reporting Corporation, 1410 Negley Blvd., Nashville, TN 37203, ATTN: Returned Goods. An inventory for the traffic documents is enclosed, as is a copy of the Waybill evidencing the return of the traffic documents.

**(PRINT OR TYPE)**

\_\_\_\_\_  
Name of managing qualifier

**OR**

\_\_\_\_\_  
Name of SEL Contact Person

\_\_\_\_\_  
Typed Title

\_\_\_\_\_  
Typed Signature

\_\_\_\_\_  
Date:

Submit this Notice of Cessation and the attachments within 3 business days of the cessation of the SEL to:

**Airlines Reporting Corporation  
4100 North Fairfax Drive, Suite 600  
Arlington, VA 22203-1629  
ATTN: Accreditation**