



Request to Store Traffic Documents

This form is to be used if you are requesting permission to store ARC traffic documents for an ARC approved location either on-premise, or off-premise. Please note that with the exception of Centralized Service Locations and Ticket Fulfillment Locations, ARC traffic documents assigned to one legal entity may not be stored by a different legal entity. See Attachment B of the Agent Reporting Agreement or Corporate Travel Department Reporting Agreement for further information.

Preparer Information

All correspondence regarding this application will be sent to the individual designated below:

1. Name: First: _____ Middle: _____ Last: _____
2. Business Name: _____
3. Suite/Floor/P. O. Box: _____ Street Address: _____
4. City: _____ State: _____ Zip: _____
5. E-mail Address: _____
6. Telephone Number: _____ 7. Fax Number: _____

Part 1 – Information for Site Making Request

1. Agency Code Number (ACN): _____
2. Legal Name: _____
3. Suite/Floor/P. O. Box: _____ Street Address: _____
5. City: _____ State: _____ Zip: _____
6. E-mail Address: _____
7. Telephone Number: _____ Fax Number: _____

Part 2 – Storage Method

Please identify the storage location for the reserve supply of ARC traffic documents:

- a) The reserve supply of ARC Traffic Documents will be stored on-premises at the agency location listed in Part 1.
- b) The reserve supply of ARC Traffic Documents will be stored off-premises at another ARC-accredited location with the same legal entity. Please complete part 3.

Part 3 – Storing Location Information

If you selected letter “b” in Part 2, please enter the ARC accredited location where the traffic documents will be stored.

1. Agency Code Number (ACN): _____
2. Legal Name: _____
3. Suite/Floor/P. O. Box: _____ Street Address: _____
5. City: _____ State: _____ Zip: _____
6. E-mail Address: _____
7. Telephone Number: _____ Fax Number: _____

Part 4 – Description of Storage Container

Please select the type of storage container that will be used for your traffic documents. Check only one.

- a) Walk-In Steel Vault (complete section “A” only below)
- b) Concrete Walled Room (complete section “B” Only below)
- c) Burglar Resistive Safe (complete section “C” Only below)
- d) Locked steel container or room protected by a burglary alarm system (complete section “D” Only below)



Section A – Walk-In Steel Vault

- 1. Was this previously a bank vault? Yes No
- 2. Does the vault have a burglary resistive classification? Yes No

If "Yes" what is the classification? _____

If "No" what kind of door/locking mechanism does it have (explain): _____

Section B – Concrete Walled Room

- 1. Are the walls, floor and ceiling constructed of poured reinforced concrete? Yes No

If "No", describe: _____

- 2. Are there any windows in the room? Yes No
- 3. Is the concrete walled room equipped with a steel laminated or solid steel door? Yes No
- 4. Is there a burglar resistive locking device? Yes No

If "No", describe locking device: _____

Section C – Burglar Resistive Safe

- 1. Is the safe on the premises within the Agency or CTD? Yes No

If "Yes," provide the following information: Safe Classification: _____ Weight: _____

- 2. Is the safe bolted to the floor? Yes No
- 3. Is the safe secured to the wall? Yes No
- 4. Have all wheels and casters been removed from the safe? Yes No

Section D – Locked Steel Container or Room Protected by a Burglary Alarm

- 1. Is the alarm system capable of detecting promptly an attack on the outer doors, walls, floor, or ceiling of the agency or CTD location? Yes No
- 2. Does the alarm system transmit to the police either directly or indirectly that an attack is in progress? Yes No
- 3. Is the alarm equipped with a visual and audible signal capable of indicating either the improper functioning of, or tampering with, the system? Yes No

Part 5 – Additional Security Features

- 1. Is there a 24-hour guard on duty in the building that houses the travel agency or CTD? Yes No
- 2. Is there a security alarm, motion alarm or monitor alarm in the vicinity of the storage container? Yes No

If 'Yes', describe the alarm system: _____

I certify that the above information is a true and accurate representation of the security features present in the above listed location.

SIGNATURE OF OWNER OR OFFICER

PRINT TITLE OF OWNER OR OFFICER

PRINT NAME OF OWNER OR OFFICER

PRINT DATE REQUESTED