



A·R·C

FORM 688 – REQUEST TO STORE ARC TRAFFIC DOCUMENTS AT AN ARC APPROVED LOCATION

This form is to be used if you are requesting permission to store all ARC traffic documents for an ARC approved location either on-premise, or off-premise at another ARC approved agency location that has authority to store all of its traffic document supply on premises. Please complete all applicable sections and use additional paper if necessary. 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.

PART 1 – PREPARER INFORMATION

Name of person making request: _____

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

Street address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

PART 2 – GENERAL INFORMATION ABOUT SITE MAKING REQUEST

Legal name of applicant: _____

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

Street address: _____

City: _____ State: _____ Zip: _____

ACN or Application Number (if known): _____

PART 3 – 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 2.

PLEASE DO NOT COMPLETE PART 4.

- 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 4.



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PART 4 - GENERAL INFORMATION ABOUT STORING LOCATION

Please complete Part 4, if option 'b' was selected in Part 3

Legal name of applicant: _____

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

Street address: _____

City: _____ State: _____ Zip: _____

ACN or Application Number (if known): _____

PART 5 – DESCRIPTION OF STORAGE CONTAINER

Section A - Type of container

Is the intended storage container a (check one only)

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

Section B - 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 C - 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:



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Section D - 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 E – Locked steel container or room protected by a burglary alarm system

- 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 6 - OTHER 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 MM/DD/YYYY