



There is a processing fee of \$75.00 payable by check or credit card. If utilizing credit card, separately submit payment via: <https://www.arccorp.com/payment/>.

Is the Applicant Relocating to Another State? Yes No

A state-to-state change will require the issuance of a new Agency Code Number (ACN).

Preparer Information

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

- 1. Name of Preparer: First: _____ Middle: _____ Last: _____
- 2. Business Name: _____
- 3. Street Address: _____
- 4. City: _____ State: _____ Zip: _____
- 5. E-mail Address: _____
- 6. Telephone Number: _____ Fax Number: _____

Part 1 - Current Accredited VTC Location Information

A. Legal Name and Address

- 1. Agency Code Number (ACN): _____
- 2. Legal name: _____
- 3. Doing Business as (dba) Name: _____
- 4. Suite/Floor/P. O. Box: _____
- 5. Street address: _____
- 6. City: _____ State: _____ Zip: _____

Part 2 - New Location Information

A. Effective Date of Change of Location

Effective date of location change: _____

B. New Address Information

- 1. If there is a new Business name, please list new name: _____
- 2. Suite/Floor/P. O. Box: _____
- 3. Street address: _____
- 4. City: _____ State: _____ Zip: _____
- 5. E-mail address: _____
- 6. Telephone number: _____
- 7. Fax number: _____



C. Address for Agency Correspondence

Provide the address to which all mail other than sales summaries should be mailed:

- 1. Suite/Floor/P. O. Box: _____
- 2. Street address: _____
- 3. City: _____ State: _____ Zip: _____
- 4. E-mail Address: _____

D. Accessing My ARC

If this location is relocating to a different state, provide the name, email address and telephone number of the contact person who will be designated as the My ARC Primary Administrator.

- 1. Re-activate an existing My ARC user as My ARC Primary Administrator
Existing My ARC User (to be re-activated):

Name: First: _____ Last: _____ User Name: _____

- 2. New My ARC Primary Administrator:

Name: First: _____ Last: _____

- 3. E-mail address: _____
- 4. Telephone number: _____

Part 3 – Licenses and Permits

Do the governmental authorities in the state or local jurisdiction where the agency is located require the applicant to obtain a license or permit to operate a travel agency? Yes No

Signature

By signing this document, the signed acknowledges the information is true and correct.

Signature of owner or officer

Date: _____

Name: _____ Title: _____
Printed Name of above signatory Title of above signatory

Part 4 - Application Checklist

- Enclose \$75.00 application fee
- Submit credit card payment via <https://www.arccorp.com/payment/>
- Legible copy of applicable business licenses or home occupational licenses, if applicable.
- If applicable, copy of Seller of Travel Certificate.

Mail completed application with all required attachments to,

Airlines Reporting Corporation
Attention: Accreditation
3000 Wilson Blvd., Suite 300
Arlington, VA 22201