



**ACQUIRING AGENT’S (“Buyer’s”) ACN (Agency Code Number)** \_\_\_\_\_

The Buyer must complete a Location Transfer Form for each location and STP included in this Type IV application. This form is part of, and shall be incorporated in the Type IV application submitted by Buyer.

**1. ACN of the location to which the information on this form applies** \_\_\_\_\_

Doing Business as (dba) Name: \_\_\_\_\_

**2. Physical Address for location to be transferred**

a. Suite/Floor/P. O. Box: \_\_\_\_\_

b. Street Address: \_\_\_\_\_

c. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

d. E-mail Address: \_\_\_\_\_

e. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**3. Mailing Address for Location to be transferred (all correspondence)**

a. Suite/Floor/P. O. Box: \_\_\_\_\_

b. Street Address: \_\_\_\_\_

c. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

d. E-mail Address: \_\_\_\_\_

e. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Will this location be an electronic office\*\*?  Yes  No If yes, skip questions 4 and 10.**

*\*\*Note: An electronic office is a designation for ARC accredited locations which do not issue, store or order paper ARC traffic documents*

**4. Ticket Delivery Address**

a. Suite/Floor: \_\_\_\_\_

b. Street Address: \_\_\_\_\_

c. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

d. ARC Number (ACN) if applicable: \_\_\_\_\_

**5. System Provider Information**

Identify all GDS (system provider(s)) which is, or will be used at this Location:

Amadeus  Galileo  Sabre  Worldspan  Other \_\_\_\_\_

**6. Licenses and Permits.**

a. Do the governmental authorities in the state or local jurisdiction where this Location is located require the Buyer to obtain a license or permit, etc. to operate a travel agency?  Yes  No

b. Does the Buyer have the required licenses, permits, etc. for the jurisdiction in which the transferred Location is located?  Yes  No



NOTE: ARC reserves the right to require Buyer to provide copies of such licenses, etc.

**7. Designated Management Employee Information**

Identify the Buyer's employee (manager or supervisor) for this Location, who exercises daily supervision of and responsibility for the operations of the branch Location and has authority to make management decisions for the Location. A personal history form is required for this individual unless ARC has a form on file for this individual that is not older than 5 years from the date of the signature on this application.

a. Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last \_\_\_\_\_

b. Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

c. Is this individual the current Management Qualifier for the Buyer?  Yes  No

d. If this individual has a Personal History Form on file with ARC, please identify the ARC number with which the Personal History form is associated. \_\_\_\_\_

**8. Designated Bank Account for this Location**

Name of Bank \_\_\_\_\_

Name on Bank Account \* \_\_\_\_\_

Transit Routing Number \_\_\_\_\_

Account Number: \_\_\_\_\_

- o Fill in bank account number exactly as it appears on the bank check including spaces and/or symbols
- o If filling in Routing Number from a bank check, verify with your bank that it is an ACH Routing Number

\* The bank account for this Location must be in the name of the **Buyer**

**9. Premises**

(1) Is this Location on the premises of another ARC accredited entity or STP?  Yes  No

If "Yes" please provide the following information about the other agency:

a. Agency ACN: \_\_\_\_\_

b. Agency legal name: \_\_\_\_\_

(2) Upon approval of the application, will this Location share its Location, or be co-located with another\* business(s)?

Yes  No

\* Note: *sharing includes "sharing" with the seller, if the seller's entity/business continues to operate as a non-ARC accredited agency at the same location and/or shares the same telephone/fax.*

If "Yes" please provide the following information about the other business(s):

a. Name and type of business(s): \_\_\_\_\_

b. Identify all owners of the business(s): \_\_\_\_\_

c. Indicate what physical separations will be in place, e.g., how will the branch be secured, lockable, etc., pursuant to Attachment B of the ARA

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

(3) Upon approval of the application, will this Location share telephone or fax with another\* business(s)?  Yes  No

If "Yes" please provide the following information about the other business(s):

Name(s) and type of the business(s): \_\_\_\_\_



(4) Is this Location located on the premises of a customer(s)?  Yes  No

If "Yes", please provide the following information:

c. State the name(s) of customer(s): \_\_\_\_\_

d. Describe type(s) of business(s): \_\_\_\_\_

**10. Storage Location for Reserve Supply of Traffic Documents (skip this question if this location is an electronic office only- see question 4 above)**

(1) Describe the storage Location for the reserve supply of ARC traffic documents for the Location following approval of this application:

- a)  On-premises at the agency Location (complete "Request to Store Traffic Documents" form found at <http://www.arccorp.com/forms/aas/form688.pdf>)
- b)  Off-premises in a bank facility (complete section 2 below)
- c)  Off-premises in another ARC approved Location or storage facility (complete "Request to Store Traffic Documents" form) found at <http://www.arccorp.com/forms/aas/form688.pdf>

(2) If off-premises in a bank facility, complete the following information:

d) Bank/Facility Name: \_\_\_\_\_

e) Street Address: \_\_\_\_\_

f) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

g) Telephone Number: \_\_\_\_\_

h) Deposit Box Number: \_\_\_\_\_

**11. Access to Bank Account and Traffic Documents**

List all individuals at this Location that will have access to ARC traffic documents and/or the ARC bank account following approval of this application.

First Name, Middle Name, Last Name	Access to ARC Traffic Documents (Yes or No)	Access to ARC Bank Account (Yes or No)

*If additional space is needed, complete and insert "Access to Bank Account and Traffic Documents" Continuation form.*

**12. Other Personnel Affiliated with this Location**

Provide the full name and the information requested for each person affiliated with, connected to or employed by the applicant at this Location and whose name does not appear elsewhere in this Type IV application.



First, M, Last, Name	Title	Is person an employee of the agent (yes/no)	Employee status if not employed by agent	Is person part time or full time

***If additional space is needed, complete and insert, "Individuals Affiliated with Branch" continuation form found at <http://www.arccorp.com/forms/aas/cvr657.pdf>. ARC reserves the right to obtain a Personal History Form from the individuals identified above.***

**13. Background of Personnel Affiliated with this Location**

Indicate whether any employee or other person affiliated with or connected to this Location has or had:

A. a financial interest in, or a connection or affiliation with, or was employed by, any agent or entity previously canceled by ARC, ARP, ATC, IATA, or IATAN?  Yes  No

B. a financial interest in, or a connection or affiliation with, or was employed by any agent presently in default under the ARA?  Yes  No

C. been convicted of a felony or pled guilty or nolo contendere (no contest) to a felony?  Yes  No

D. been convicted of a misdemeanor related to financial activity or pled guilty or nolo contendere (no contest) to a misdemeanor related to financial activity?  Yes  No

E. been found by a court to have committed a breach of fiduciary duty involving the use of funds of others?  Yes  No

*If you answer "Yes" to any of the questions in Part 13 A-E (above) please identify the person involved and have that person complete a Personal History Continuation Form which can be found at:*

<http://www.arccorp.com/forms/aas/cvr671.pdf>



**VERIFICATION OF TRAFFIC DOCUMENTS FORM**

(For use with Change of Ownership applications)

Legal Name of Seller: \_\_\_\_\_

Agency Code No: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Date Inventory Taken: \_\_\_\_\_

Special Instructions: Complete one form per ACN being transferred. Only take inventory immediately prior to submitting ownership change application. Enter and complete each type of document separately. The low to high serial numbers must equal the number on hand (e.g. 8038:793:701-8038:794:100 means there should be 400 traffic documents on hand.)

	Form No.	From Serial Number:	To Serial Number:	Total No.
4 Flight Tickets				
MCOs				
Tour Orders				
PTA's				
ATBs				
Other				

THIS INVENTORY MUST BE COMPLETED AND SIGNED WITHIN 21 DAYS FROM THE DATE ARC RECEIVES THE OWNERSHIP APPLICATION.

The Seller and the Buyer hereby state that all unused traffic documents supplied by ARC to the agency, at the location identified above, are listed on this form. The submission of this form to ARC and its inclusion in the record of the application for change of ownership does not constitute an agreement or admission by ARC that the foregoing information is consistent with ARC's records. The Seller acknowledges responsibility for all traffic documents assigned to it which are not identified on this form as being transferred to the Buyer, and are not accounted for to the satisfaction of ARC. The Buyer acknowledges responsibilities for all traffic documents transferred to it effective upon ARC's approval of the change of ownership application with which this form is submitted.

\_\_\_\_\_  
Signature of Seller's Owner or Officer

\_\_\_\_\_  
Signature of Buyer's Owner or Officer

Name: \_\_\_\_\_  
Printed Name of above Signatory

Name: \_\_\_\_\_  
Printed Name of above Signatory

Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Title of above Signatory

Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Title of above Signatory