



There is a processing fee of \$105.00 payable by check or credit card. If utilizing credit card, please submit payment via: <https://www.arccorp.com/payment/>.

Preparer Information

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

- 1. Name: First: _____ Middle: _____ Last: _____
2. Business Name: _____
3. Street Address: _____
4. City: _____ State: _____ Zip: _____
5. E-mail address: _____
6. Telephone number: _____ 7. Fax number: _____

Part 1 - Current Accredited Location Information
Legal Name and Address

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

Part 2 - Current Entity Type

After selecting the applicable entity type, please enter requested information into table provided in Part 5.

- Proprietorship: If the applicant is a proprietorship, please provide the name and SSN of the sole-proprietor and proprietor's spouse.
Partnership: If the applicant is a partnership, provide the names and SSNs of all partners and indicate whether each individual is a general or limited partner.
Non-Public Corporation: If the applicant is a non-public corporation, please provide the name and SSN of each shareholder. If any of the shares are un-issued, please indicate that as well, (E.g. Smith 50% un-issued 50%).
Publicly Traded Corporation: If the applicant is a publicly traded corporation, enter the names, titles and SSNs of all officers and directors who are responsible for the operation and personnel of the entity.
Limited Liability Company: If the applicant is a perpetual Limited Liability Company (LLC), provide the names of all members and also indicate those who are managing members or directors. If the applicant LLC is owned by an LLC, please provide the names of all the members in the owning LLC and indicate those that are managing members.
Other: _____

Indicate date & state the above entity was incorporated or organized: Date: _____ State: _____

Internal Revenue Service Employer Identification Number or Taxpayer Identification Number: _____



Part 3 - Proposed Entity Type (if applicable)

After selecting the applicable entity type, please enter requested information into table provided in Part 5.

- Proprietorship:** If the applicant is a proprietorship, please provide the name and SSN of the sole-proprietor and proprietor's spouse.
- Partnership:** If the applicant is a partnership, provide the names and SSNs of all partners and indicate whether each individual is a general or limited partner.
- Non-Public Corporation:** If the applicant is a non-public corporation, please provide the name and SSN of each shareholder. If any of the shares are un-issued, please indicate that as well, (E.g. Smith 50% un-issued 50%).
- Publicly Traded Corporation:** If the applicant is a publicly traded corporation, enter the names, titles and SSNs of all officers and directors who are responsible for the operation and personnel of the entity.
- Limited Liability Company:** If the applicant is a perpetual Limited Liability Company (LLC), provide the names of all members and also indicate those who are managing members or directors. If the applicant LLC is owned by an LLC, please provide the names of all the members in the owning LLC and indicate those that are managing members.
- Other:** _____

Indicate date & state the above entity was incorporated or organized: Date: _____ State: _____

Internal Revenue Service Employer Identification Number or Taxpayer Identification Number: _____

Proposed Legal Name (if applicable) _____

Proposed DBA Name (if applicable) _____

Part 4 - Ownership Information

IMPORTANT: The total percent of ownership for the applicant travel agency must equal 100% in both current and new "Shares Owned" columns.

In the table below, list all individuals who are owners, officers, directors, partners, shareholders, LLC managers, or members of the applicant travel agency. Please include the name, title, Social Security Number (SSN), for each person listed in the table below. If one or more of the persons listed below is a shareholder of the applicant travel agency, provide the percent of shares owned by each such person. For removal of an officer, select the corresponding box in the "Remove" column.

First Name, Middle Name, Last Name	Title	Social Security Number	Shares Owned		Remove
			Current %	New %	

In the table below, list all, if any, business entities which are partners, shareholders, or members of the applicant travel agency. Provide the name(s) of that business entity and Federal Taxpayer ID Number for each owning business entity. If one or more of the owning entity(s) listed below is a shareholder of the applicant travel agency; provide the percent of shares of the applicant travel agency owned by each such owning entity. Provide a separate list of the owners, LLC managers or members, partners or shareholders and, if applicable, all corporate officers for each owning entity. If one or more of the owning entity(s) is a non-US corporation, please select the applicable response. For removal of an officer, select the corresponding box in the "Remove" column



Name of Owning Entity	Type of Owning Entity (Corp, LLC, Partnership)	Non-US Corp (Yes or No)	Federal Taxpayer ID Number	Shares Owned		Remove
				Current %	New %	

If additional space is needed, complete and insert Ownership Change Continuation form.

Part 5 – Ownership Transfer Date

Date of Transfer: _____

Part 6 - Accessing My ARC

Name of the employee designated as My ARC Primary Administrator. This employee will administer your agency’s access to ARC tools such as the weekly IAR sales report.

1. Name: First: _____ Middle: _____ Last: _____
2. Email: _____ (must be a unique email address)
3. Phone Number: _____ Fax: _____

Part 7 - Accessing Agent’s Choice

Name of the employee designated as My ARC Primary Administrator. This employee will administer your agency’s access to ARC tools such as the weekly IAR sales report.

4. Name: First: _____ Middle: _____ Last: _____
5. Email: _____ (must be a unique email address)
6. Phone Number: _____ Fax: _____

Part 8- Designated Bank Account

If a bank account change is occurring as a result of this ownership change, additional bank details are required. Please provide the new bank account information below.

Bank/Facility Name: _____

City: _____ State: _____

Telephone: _____

Transit Routing Number: _____

Account Number: _____



Part 9- Certification of Current Agent

DO NOT ALTER ANY PORTION OF THIS APPLICATION OR THE ATTACHMENTS AFTER THE APPLICATION HAS BEEN SIGNED AND NOTARIZED. ANY ALTERATION TO THE FOLLOWING SECTION WILL INVALIDATE THE ENTIRE APPLICATION AND IT WILL BE RETURNED TO YOU FOR RESUBMISSION WITH A NEW CERTIFICATION AND NOTARIZATION.

I, the undersigned, hereby concur with the change of ownership of the agency location(s) for which this application is intended. I certify that the statements made in this application, and the attachments thereto, concerning the current owner of record are true and correct; I understand and agree that the current owner of record (i.e., the transferring Agent) is the signatory of the VTC Agreement and remains responsible there under for all operations and activities of the Agent until ARC provides written notice approving the Type V change of ownership application.

I further understand and agree that upon approval of the VTC Partial Ownership Change application, if any, the applicant will thereafter be the signatory to the Agent Reporting Agreement and will be responsible there under for all operations and activities of the Agent.

I, the undersigned Agent (i.e., current owner), hereby acknowledge and agree that upon approval of this application, if any, the applicant (i.e., the proposed owner(s)), and all subsequent new owners shall have electronic access (Internet access) to My ARC and Agent's Choice for the location included in this transfer of ownership. I also acknowledge and agree that I have reviewed and am cognizant of ARC Ownership Changes and My ARC instructions concerning procedures for access to MY ARC, user accounts and ARC tools accessible via My ARC in connection with this ownership change. I acknowledge and understand that in order to withdraw this application, ARC must receive, prior to approval of the application, a written request to withdraw signed by an owner or officer of either applicant.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature of Current Agent's corporate officer if Current agent is a corporation or signature of managing member if the Current Agent is a Limited Liability Company LLC (MAY NOT BE SIGNED BY ANY OTHER PERSON)

Type name of above signatory

Type title of above of signatory

(FOR NOTARY USE ONLY)
County of _____ State of _____
On this: _____ day of _____, 20_____
Print NAME of above signatory (NOT THE NOTARY NAME)
appeared before me and, having duly sworn by me, stated that the contents of the foregoing application are true and complete, and signed the application in my presence.
NOTARY SEAL _____ Notary Public Signature
My commission expires on _____



PROVIDE THE RESIDENTIAL ADDRESS AND PHONE NUMBER FOR THE CURRENT OWNER (ABOVE SIGNATORY) FOR ARC COORDINATION PURPOSES FOLLOWING APPROVAL OF THE CHANGE OF OWNERSHIP.

CURRENT OWNER'S NAME: FIRST: _____ MN: _____ LAST: _____

Street address: _____

Apt/Suite No. ONLY: _____

City: _____ State: _____ Zip: _____

Phone No: HOME: _____ OFFICE: _____

Part 10: Certification of New Owner

I, the undersigned, hereby certify that the statements made in this application and the attachments thereto are true and correct and that I am authorized by the Agent identified in Part 1 to submit this request. I acknowledge and understand that as part of the evaluation and verification process ARC may need to verify the information contained in this application and I authorize the release to ARC of any documents needed to verify the information listed on this application, or documents to confirm the ownership of this entity. The undersigned confirms that if during the pendency of this application any changes occur, I will promptly notify ARC in writing of each change that occurs after the application is submitted and before it is approved or disapproved.

I expressly acknowledge that any participation in the VTC Services Program is at the sole discretion of ARC, and if this application is disapproved, my sole right of recourse will be to have the disapproval reviewed by the Travel Agent Arbiter (TAA) in a de novo arbitration proceeding in which I have the burden of proof to show that ARC violated a federal law or regulation or a law or regulation of the Commonwealth of Virginia in its disapproval. Such proceeding will be conducted in accordance with the TAA's published rules of practice and procedure, and the decision of the TAA will be final and binding on the applicant and ARC. I acknowledge upon written notification of an approval by ARC that the request for reclassification as a VTC is the date of execution of the VTC Agreement and the VTC Agreement shall become the controlling Agreement, and the ARA shall terminate, subject to the fulfillment of obligations accrued under the ARA. I also acknowledge and agree that upon reclassification as a VTC location. ARC will notify the ARC participating Carriers and the System Providers (GDSs, etc.) www.arccorp.com/forms/vtc_handbook.pdf

I have read and agree that my signature binds applicant to the terms of this application, the Verified Travel Consultant Agreement, the VTC e-Policies and the VTC Handbook, and understand all of the terms.

The information contained herein was provided to ARC by:

Signature

Print Full Name

Title

Date



MUST BE SIGNED IN THE PRESENCE OF A NOTARY

(FOR NOTARY USE ONLY)

County of _____ State of _____

On this: _____ day of _____, 20_____

_____,
Print NAME of above signatory (**NOT THE NOTARY NAME**)

appeared before me and, having duly sworn by me, stated that the contents of the foregoing application are true and complete, and signed the application in my presence.

NOTARY SEAL

Notary Public Signature

My commission expires on



Part 11 - Application Checklist

- Enclosed \$105.00 application fee with application. Check payments should be made payable to ARC.
- Submit credit card payment via: <https://www.arccorp.com/payment/>
- Original of all Personal Information Form(s)
- If a Corporation, provide a copy of the applicant's Certificate and Articles of Incorporation.
- If a Limited Liability Company, provide a copy of the Certificate of Organization, the Articles of Organization and the LLC Operating Agreement.
- If a Partnership, provide a copy of the Partnership Registration filed with the state.
- Provide a copy of the Purchase Agreement or Transfer of Shares Agreement.
- Internal Revenue Service (IRS) confirmation letter or IRS Form W-9.
- Business license and/or permit.
- Valid Sellers of Travel Certificate for California and Florida agency locations.
- If applicable, Change of Agency Location

Mail completed application with all required attachments to:

Airlines Reporting Corporation
Attn: Accreditation
3000 Wilson Boulevard, Suite 300
Arlington, VA 22201