



Current Residence and Contact Information

I have lived at this address:

From (mm/dd/yyyy): To:

Street Address: Apt/Suite:

City: County/Township:

State/Province: Country: ZIP:

Telephone:

Do you rent or own the residence listed above? Rent
Own
Other: (explain)

Part 2: Background Information

Employment History

Employment Dates From (mm/dd/yyyy): To:

Name of Business/Activity:

Street Address:

City:

State/Province: Country: ZIP:

Telephone: Agency ARC Number (if applicable):

Title or Position:

Number of Hours Per Week:



Employment Dates From (mm/dd/yyyy): To:

Name of Business/Activity:

Street Address:

City:

State/Province:

Country:

ZIP:

Telephone:

Agency ARC Number (if applicable):

Title or Position:

Number of Hours Per Week:

Employment Dates From (mm/dd/yyyy): To:

Name of Business/Activity:

Street Address:

City:

State/Province:

Country:

ZIP:

Telephone:

Agency ARC Number (if applicable):

Title or Position:

Number of Hours Per Week:



Affiliations with Travel Agents

Indicate whether you have ever:

Had an affiliation of any kind with any agency or entity accredited by ARC, ARP, ATC, IATA, or IATAN? YES NO

Had an affiliation of any kind with an agent or entity previously canceled by ARC, ARP, ATC, IATA, or IATAN Agency List? YES NO

Had an affiliation with an agent or entity presently in default under the Agent Reporting Agreement (ARA) or the Travel Agent Service Fee Program Agreement (TASFPA)? YES NO

If the answer(s) to any of the questions above is yes, please identify the agent(s) or entity(ies).

Felonies or Misdemeanors

Indicate whether you have ever:

Been convicted of a felony or pled guilty or nolo contendere (no contest) to a felony? YES NO

Been convicted of a misdemeanor related to financial activities or pled guilty or nolo contendere (no contest) to a misdemeanor related to financial activities? YES NO

Been found by a court of competent jurisdiction to have committed a breach of fiduciary duty involving the use of funds of others? YES NO

If the answer(s) to any of the questions above is yes, please provide related details.



Bankruptcy

Indicate whether you:

Are presently, or have ever been, an owner, officer, director, or management employee of any business that has ever filed, or been the subject of, a petition in bankruptcy?

YES NO

Have ever filed, or been the subject of, a petition in bankruptcy?

YES NO

Have ever been the subject of an adversary proceeding in any bankruptcy case?

YES NO

If the answer(s) to any of the questions above is yes, please provide related details.



Part 3: Certification

I certify that the statements in this Personal Information Form (PIF) and the attachments are true and correct. I acknowledge and understand that as a part of the evaluation and verification process, ARC may need to verify the information contained in the PIF. I authorize ARC to conduct such investigations as it deems appropriate to verify the accuracy of the information in this PIF, and I authorize release to ARC of any documents, such as but not limited to personal identification documents, lease agreements, credit reports, as may be required.

I hereby waive all rights based on libel, slander, or defamation of character by reason of ARC's publication, of any reason for disapproval of this application, including information contained in the PIF provided that such reason is reasonably related to the discharge of ARC's obligations, the exercise of its rights, or the performance of its offers, directors, and/or employees in evaluating and approving or disapproving this VTC application. If there are any changes to any of the answers or information provided in the PIF, I will immediately notify ARC, in writing.

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



Application Submission

Please keep a copy of this application and all supporting documents for your records.

Please Mail The Original Application To:

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