



Personal History Form (PHF) Reference Information

- 1. This PHF is in connection with one of the following ARC applications:
- New CTD Entity
- CTD Branch
- Other:
2. CTD (ACN)/Pending Number to which this PHF is connected, if applicable:
3. Legal name of CTD/Applicant:
4. City: State: Zip Code:

Part 1 – Personal Information

- 1. Full legal name: First: Middle: Last:
2. Full Maiden name or Full Birth Name: First: Middle: Last:
3. All other names used: First: Middle: Last:
4. Social Security Number:
5. Driver's License/State Identification Number: State:
6. Date of birth: mm/dd/yyyy
7. Place of birth: City: State: Country:

Are you a citizen or national of the U.S. or Resident Alien authorized to live and work in the U.S.? Yes No

If Resident Alien status applies, provide the following:

- a. What is your Registered Alien number?
b. Enter the expiration date of the Alien Registration: (mm/dd/yyyy)
c. Of what Country are you a citizen of:

Part 2 – Your Affiliation with the Applicant

A. Management Qualifier

Are you the designated management qualifier for the Corporate Travel Department? Yes No

If "Yes," please answer the following five (5) questions:

- 1. Have you had at least two years full-time experience in selling general travel services to the public? Yes No
2. Have you had at least two years full-time experience in supervising the operation of a business offering general travel services to the public? Yes No
3. Have you had two years full time experience providing general travel services to a business or its employees in a company or in-house travel office? Yes No
4. Upon approval of this application, will you be a full-time employee of the applicant? Yes No



## CTD Personal History Form

5. Upon approval of this application, will you be a full time employee of an ARC-accredited Agent affiliated with the Corporate Travel Department?  Yes  No

### B. ARC Specialist Qualifier (ASQ)

1. Are you the designated ARC Specialist Qualifier (ASQ) for the Corporate Travel Department  Yes  No

If "Yes", please supply the following information:

- a. Within the past four years, have you successfully completed ARC Specialist Examination?  Yes  No

i. If 'Yes' indicate the Certificate Number and Expiration Date.

Certificate Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

ii. If 'No', indicate the date when you plan to take the ARC Certified Specialist Examination.

Date (mm/dd/yyyy) \_\_\_\_\_

2. Upon approval of this application, will you be a full-time employee of the applicant?  Yes  No

3. Upon approval of this application, will you be a full time employee of an ARC-accredited Agent affiliated with the Corporate Travel Department?  Yes  No

### C. Designated Manager Information

Are you the designated manger for the HOL and/or Branch?  Yes  No

Please list the ACN's below for which you will be the Designated Manager. If there are more than 25 locations, please list them on a separate sheet with the same heading.

1 _____	2 _____	3 _____	4 _____	5 _____
6 _____	7 _____	8 _____	9 _____	10 _____
11 _____	12 _____	13 _____	14 _____	15 _____
16 _____	17 _____	18 _____	19 _____	20 _____
21 _____	22 _____	23 _____	24 _____	25 _____

### Part 3 - Roles and Responsibilities

- A. If you will not be working in the Corporate Travel Department, describe the nature of your affiliation with the applicant and the type of work which you will be performing: \_\_\_\_\_

- B. Upon approval of this application, will you have access to the ARC traffic documents?  Yes  No

- C. Upon approval of this application, will you have access to the ARC traffic documents located in the CTD's off-premises storage facility?  Yes  No

- D. Upon approval of this application, will you have access to monies or credit card documents collected from the issuance of airline tickets, or other services, issued on ARC traffic documents?  Yes  No

- E. Upon approval of this application, will you have a key to the CTD location or otherwise have access to the CTD location when the location is closed, locked or unattended by CTD personnel?  Yes  No

- F. Upon approval of this application will you have:

a. Authority to make deposits into the ARC-designated bank account?  Yes  No

b. Authority to make withdrawals from the ARC-designated bank account?  Yes  No

- G. Upon approval of this application, will you prepare and submit ARC sales reports for the CTD?  Yes  No

- H. Please indicate all positions which you hold in the applicant organization:

Director  President  Chief Executive Officer  Vice President  Secretary

Treasurer  Chief Financial Officer  Comptroller  Shareholder  Member

Other: Describe: \_\_\_\_\_

- I. If you are a shareholder, state the percentage of shares which you own: \_\_\_\_\_%



**Part 4 - Residence History**

List all places where you have lived during the past three years, beginning with your current address. ARC may require you to provide residence history for a period exceeding three years. If you need to provide additional residence history information, complete the Residence History Continuation Page found in the Forms Catalog of ARC's Website.

A. Current address: From: (mm/dd/yyyy) \_\_\_\_\_ To: Present

- 1. Street address: \_\_\_\_\_ Apartment number: \_\_\_\_\_
- 2. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 3. Country: \_\_\_\_\_
- 4. Telephone Number: \_\_\_\_\_

B. Former residence: From: (mm/dd/yyyy) \_\_\_\_\_ To: (mm/dd/yyyy) \_\_\_\_\_

- 1. Street address: \_\_\_\_\_ Apartment number: \_\_\_\_\_
- 2. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 3. Country: \_\_\_\_\_

C. Former residence: From: (mm/dd/yyyy) \_\_\_\_\_ To: (mm/dd/yyyy) \_\_\_\_\_

- 1. Street address: \_\_\_\_\_ Apartment number: \_\_\_\_\_
- 2. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 3. Country: \_\_\_\_\_

**Part 5 - Employment History**

Provide the required information for all of your occupations, employment, and work activities, as well as period of unemployment, self-employment, etc., during the last three years, beginning with your current employer, occupation or activity (including your employment by or affiliation with the Agent or applicant, if applicable). If you need additional space to account for your full three-year employment history, complete and submit the Employment History Continuation Page Found in the Forms Catalog of ARC's Website. ARC may require you to provide employment history for a period exceeding three years.

**A. Current employment**

- 1. Date of business/activity: From: (mm/dd/yyyy) \_\_\_\_\_ To: Present
- 2. Name of Business/Activity: \_\_\_\_\_
- 3. Suite/Floor/P.O. box \_\_\_\_\_
- 4. Street address: \_\_\_\_\_
- 5. City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 6. Telephone number: \_\_\_\_\_
- 7. Agency Code Number (if applicable): \_\_\_\_\_ Title or position: \_\_\_\_\_
- 8. Manager: First: \_\_\_\_\_ Last: \_\_\_\_\_
- 9. Your role:  Owner  Officer  Director  Shareholder  Other: \_\_\_\_\_

**B. Former employment**

- 1. Date of business/activity: From: (mm/dd/yyyy) \_\_\_\_\_ To: (mm/dd/yyyy) \_\_\_\_\_
- 2. Name of Business/Activity: \_\_\_\_\_



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3. Suite/Floor/P.O. box: \_\_\_\_\_
4. Street address: \_\_\_\_\_
5. City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Telephone number: \_\_\_\_\_
7. Agency Code Number (if applicable): \_\_\_\_\_ Title or position: \_\_\_\_\_
8. Manager: First: \_\_\_\_\_ Last: \_\_\_\_\_

### C. Former employment

1. Date of Business/Activity: From: (mm/dd/yyyy) \_\_\_\_\_ To: (mm/dd/yyyy) \_\_\_\_\_
2. Name of Business/Activity: \_\_\_\_\_
3. Suite/Floor/P.O. box: \_\_\_\_\_
4. Street address: \_\_\_\_\_
5. City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Telephone number: \_\_\_\_\_
7. Agency Code Number (if applicable): \_\_\_\_\_ Title or position: \_\_\_\_\_
8. Manager: First: \_\_\_\_\_ Last: \_\_\_\_\_

## Part 6 - Background and Affiliations with other Travel Agents and Corporate Travel Departments

If you answer "Yes" to any question in Part 6 A-H, complete the Personal History Form Continuation Page found in the Forms Catalog of ARC's Website.

### A. Prior Affiliation with any Accredited Agency or Entity

1. Have you ever had a financial interest in, or a connection or affiliation with, or been employed by, any agent/entity accredited by ARC, ARP, ATC, IATA, or IATAN (other than the agencies/entities which you have already identified in other parts of this Personal History Form)?  Yes  No

### B. Prior Affiliation with a Non-Accredited Agency or Travel Company

1. Have you ever had a financial interest in, or a connection or affiliation with, or been employed by any non-accredited travel agency or a business offering general travel services (other than the agencies or businesses which you have already identified in other parts of this Personal History Form)?  Yes  No

### C. Prior Affiliation by a Family Member

1. Does any member of your family currently have, or has any member of your family ever had, a financial interest in, an affiliation or connection with, or been employed by an agent or CTD accredited by ARC, ATC, ARP, IATA OR IATAN?  Yes  No

Note: Family members include but are not limited to, your spouse, siblings, children, parents, and in-laws.

### D. Affiliation with a Cancelled Agent

1. Have you ever had a financial interest in, or a connection or affiliation with, or been employed by any agent or CTD canceled by ARC, ARP, ATC, IATA, or IATAN Agency List?  Yes  No

### E. Affiliation with Agent Presently in Default

1. Have you ever had, or do you currently have, a financial interest in, or a connection or affiliation with, or are/were you employed by, an agent/entity or CTD presently in default under the provisions of the ARC Agent Reporting Agreement or any other ARC Reporting Agreement or the Travel Agent Service Fee Program Agreement (TASFPA)?  Yes  No

### F. Felonies or Misdemeanors



## CTD Personal History Form

1. Have you ever been convicted of a felony or pled guilty or nolo contendere (no contest) to a felony?  Yes  No
2. Have you ever been convicted of a misdemeanor related to financial activity or pled guilty or nolo contendere (no contest) to a misdemeanor related to financial activities?  Yes  No
3. Have you ever been found by a court to have committed a breach of fiduciary duty involving the use of funds of others?  Yes  No
4. Have you ever been arrested, or currently under investigation by federal, state, or local law enforcement authorities (e.g., police, attorney general's office, consumer protection agencies, etc.) for any offense or crime, or any alleged offense or crime in any way related to employment or affiliation with a travel agency or travel related company?  Yes  No

### G. Involvement with Stolen, Missing or Counterfeit Traffic Documents

1. Have you ever been involved in the distribution, sale or issuance of BSP, ATC, IATA, ARP or ARC traffic documents which you knew, or reasonably should have known, were stolen, counterfeited or reported as missing from an agent?  Yes  No

### H. Bankruptcy

1. Are you presently, or have you 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
2. Have you ever filed, or been the subject of, a petition in bankruptcy?  Yes  No
3. Have you ever been the subject of an adversary proceeding in any bankruptcy case?  Yes  No

### Checklist

- A copy of your valid driver's license/state identification card (front and back).
- Copies of documents that prove your U.S. citizenship (U.S. Passport, birth certificate or Naturalization Certificate for U.S. citizens), or for non-U.S. citizens your authorization to work and reside in the U.S., including your Alien Registration Card ("Green Card") and all other documents and visas issued to you by the U.S. Immigration and Naturalization Service.
- Personal History Form Continuation Page, if applicable
- Residence History Continuation Page, if applicable
- Employment History Continuation Page, if applicable



Part 7 - Certification

I hereby certify that the statements made in this application and the attachments thereto are true and correct. I have read the instructions for completing this Personal History Form (PHF), and certify that the information in the PHF was completed by me, or under my direction; and, that prior to signing the PHF, I have reviewed each question and answer, and, if submitted electronically, the electronic and the original PHF contain identical information. I acknowledge and understand that, as part of the evaluation and verification process, ARC may need to verify the information contained in the PHF. I authorize ARC to conduct such investigation as it deems appropriate to verify the accuracy of the information in this PHF, and I authorize release to ARC of any documents, such as but not limited to, personal identification documents, lease agreements, credit reports, employment agreements, photographs, fingerprints, and IRS documents, 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 this PHF, provided that such reason is reasonably related to the discharge of ARC's obligations, the exercise of its rights, or the performance of its officers, directors, and/or employees in evaluating and approving or disapproving this application.

If there are any changes to any of the answers or information provided in this Personal History Form, I will notify ARC, in writing, immediately.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Printed Name of above signatory Title of above 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