There is a processing fee of $75.00 payable by check or credit card. If utilizing a credit card, please make a payment via https://www.arccorp.com/payment/.

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 STP and Host Information

A. Current STP Legal Name and Address

1. STP ACN code number:_____
2. Legal Name: _____
3. Doing Business as (dba) Name: _____
4. Suite/Floor/P. O. Box: _____
5. Street Address: _____
6. City: _____ State: _____ Zip: _____
7. E-mail Address: _____
8. Telephone Number: _____Fax Number: _____

B. Current Host Information
Host ACN code number:_____

Part 2 – New STP Information

A. New STP DBA

1. Will the STP DBA name be changing as a result of this relocation? Yes ◯ No ◯
2. If "Yes", list the new DBA name: _____

B. New STP Address

1. Suite/Floor: _____
2. Street Address: _____
3. City: _____ State: _____ Zip: _____
4. STP Telephone Number: _____ STP Fax Number: _____

C. Redesignation of Host

1. Will the ARC authorized location from which the STP location is currently the host be changing? Yes No
2. If "Yes", list the new ACN Code Number: _____
3. Legal Name: _____
4. DBA Name: _____
5. Suite/Floor/P.O. Box:_____Street Address: _____
6. City: _____State: _____Zip: _____
7. Telephone Number: _____Fax Number: _____

Check here if the addresses for the Correspondence, Ticket Delivery and Sales Summary are the same as the above New STP Address. If the addresses are not the same, please complete the applicable addresses below.

D. Address for Agency Correspondence:

1. Suite/Floor/P. O. Box: _____
2. Street Address: _____
3. City: _____ State: _____ Zip: _____

E. Ticket Delivery Address

State the address to which ARC Traffic Documents are to be delivered (Street Address Only) Traffic Documents Will Not Be Delivered to a P. O. Box:

1. Suite/Floor/P. O. Box: _____
2. Street Address: _____
3. City: _____State:_____Zip:_____

Part 3 – Premises and Accessibility

A. Premises of the STP

Is the applicant located on the premises of an ARC approved entity? Yes No

If "Yes" list the ACN of accredited entity and Legal Name.

ACN: _____ Legal Name: _____

B. Private Residence

1. Is the STP located in a residence? Yes No
2. If "Yes" does the proposed STP location have the requisite licenses for the jurisdiction? Yes No

Part 4 – Security for STP

A. Automated Ticket Printer

Describe the security for the ticket stock in this printer:

Ticket stock is locked inside the printer.

Printer and ticket stock housed in a locked steel container.

Printer and ticket stock placed in a locked room.

Other: Describe: _____

Part 5 – STP Attendant

The STP attendant must complete a Personal History form which can be found in the form catalog on the ARC website. STP

Attendant Name: First: _____Middle:_____Last: _____

Part 6 – Certification

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

_____
Signature of Owner or Corporate Officer

_____
Type name of above signatory

_____
Type title of above of signatory

_____
Date

Part 7 – Checklist and Important Information

- ☐ If applicable, a Personal History Form. Form can be found at: http://www.arccorp.com/forms/aas/cvr682.pdf
- ☐ Enclosed check payment of $75.00
- ☐ Submit credit card payment via: https://www.arccorp.com/payment/

Mail to: Airlines Reporting Corporation
Attention: Accreditation
3000 Wilson Blvd., Suite 300
Arlington, VA 22201
Telephone Number: 703.816.8016

Note: ARC reserves the right to conduct an on-site inspection.