Temporary Closing of an Agency

Use this application to request approval for the temporary closing of an Agency for up to 30 days due to severe circumstances, beyond your control, such as: fire, flood, illness. This request must be made within 10 days of the closing of the agency location. If the agency location does not become operative within the thirty days, ARC may terminate the agreement with the closed location following ten days advance notice to the agent.

Temporary Closings are not intended to be used as a substitute for a Change of Location Request. If you are relocating, please use a Change of Location form located on the ARC website under Forms Catalog.

Part 1 - Current Accredited Location Information

A. Legal Name and Address

1. Agency Code Number (ACN): _____ ☐ Home Office ☐ Branch ☐ STP
2. Legal name: _____
3. Suite/Floor/P. O. Box: _____
4. Street address: _____
5. City: _____ State: _____ Zip: _____

B. Temporary Closing Information

1. Date agency closed: _____
2. Reason for temporary closing: _____
3. Date agency will reopen: _____

Part 2 – Owner Information

1. Owner's name: _____
2. Home address: _____
3. City: _____ State: _____ Zip: _____
4. Home Telephone: _____

Important: You must continue to submit a "zero" sales report each week that the location is closed.

Signature

As Consideration for this request, I hereby agree to the forgoing terms and conditions.
By signing this document, the signed acknowledges the information is true and correct.

_____ Date: _____

Signature of owner or officer

Mail completed application to:

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