Privacy Notice: All information submitted during the application process will be managed in accordance with ARC's Privacy Policy. For more information, please visit www.arccorp.com/legal/arc-privacy-policy.jsp

This application is to be used for any change in structural change to the business entity and/or the addition of new Shareholders

There is a processing fee of $105.00 payable by check or credit card. To pay by credit card, submit payment via www.arccorp.com/payment/. To pay by check, please mail the check to:
Airlines Reporting Corporation P.O. Box 645286, Cincinnati, OH 45264-5286.

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: _____

Part 1 - VTC Location Information

A. Current Legal Name and Address Agency Code Number (ACN): _____

1. Legal name: _____

2. Doing Business as (dba) Name: _____

3. Suite/Floor/P. O. Box: _____ Street address: _____

4. City: _____State: _____Zip: _____

5. E-mail address:_____

6. Telephone number: _____

B. Proposed Legal Name and Address (if changing)

1. Legal name: _____

2. Doing Business as (dba) Name: _____

3. Suite/Floor/P. O. Box: _____ Street address: _____

4. City: _____State: _____Zip: _____

5. E-mail address:_____

6. Telephone 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:** _____

Internal Revenue Service Employer Identification Number or Taxpayer Identification

Number:_____

Part 3 – Current 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 any person listed below is a shareholder of the applicant travel agency, provide the percent of shares owned by that person. Corporations are the only entity required to complete the "Shares Owned" column. Please provide a Personal History Form for each individual listed. 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.

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

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

Part 4 - 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 5 - Proposed Ownership Information

IMPORTANT: If the applicant is a corporation the total percentage of shares must equal 100%.

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 any person listed below is a shareholder of the applicant travel agency, provide the percent of shares owned by that person. Corporations are the only entity required to complete the "Shares Owned" column. Please provide a Personal History Form for each individual listed.

First Name, Middle Name, Last Name	Title	Social Security Number	% of Shares Owned

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

Part 6 - Accessing My ARC

Provide the following information for the person designated as My ARC Primary Administrator. This person will have access to all ARC Tools and will administer access to ARC tools by the agency's users. Any communication or business transaction (for example, the submission of an application form or request) with ARC conducted through an ARC Tool by the My ARC Primary Administrator or any individual who has been granted access to the Tool by the My ARC Primary Administrator or a Tool Administrator, will be deemed to have been submitted and authorized directly by the Agent and will have the same force and effect as if they were submitted or signed by and owner or officer of the Agent.

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

Part 8- Designated Bank Account

Please provide the following information for the Bank Account designated for the benefit of ARC for deposit of the proceeds of remittances for ancillary services, issued on ARC Traffic Documents and for other funds that ARC is authorized to draft.

1. Bank/Facility Name: _____
2. City: _____ State: _____ Telephone Number: _____
3. Transit Routing Number: _____
4. Account Number: _____

Part 9- Certification of Current Owner

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 Verified Travel Consultant) is the signatory of the VTC Agreement and remains responsible there under for all operations and activities of the Verified Travel Consultant until ARC provides written notice approving the 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 VTC Agreement and will be responsible there under for all operations and activities of the Agent.

I, the undersigned Verified Travel Consultant (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 Agent's current owner (or officer if Agent is a corporation)

_____
Print or Type name of above signatory

_____
Print or 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 been duly sworn by me, stated that the contents of the foregoing application are true and complete, and signed the application is my presence.

_____
Notary Public Name

NOTARY SEAL

_____
Notary Public Signature

My commission expires on _____

Part 10 – Current Owner Contact Information

Provide the residential address, phone number and E-mail address for the current owner for ARC coordination purposes following approval of the change of ownership.

Current Owner's Name: FIRST: _____ MI: _____ LAST: _____

E-mail Address: _____

Phone No: HOME: _____ OFFICE: _____

Street address: _____

Apt/Suite No. : _____

City: _____State: _____ Zip: _____

Part 11: 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 Verified Travel Consultant 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 VTC change of ownership is the date of execution of the VTC Agreement and the VTC Agreement will be the controlling Agreement, and the VTC Agreement shall terminate, subject to the fulfillment of obligations accrued under the VTC Agreement. I also acknowledge and agree that upon approval of the VTC ownership change, 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:

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

_____
Signature of Agent's current owner (or officer if Agent is a corporation)

_____
Print or Type name of above signatory

_____
Print or 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 been duly sworn by me, stated that the contents of the foregoing application are true and complete, and signed the application is my presence.

_____
Notary Public Name

NOTARY SEAL

_____
Notary Public Signature

My commission expires on _____

Part 12 - Application Checklist

- ☐ Payment of $105.00 non-refundable application fee
  - ☐ To pay by check, please mail to Airlines Reporting Corporation PO Box 645286 Cincinnati, OH 45264-5286.
  - ☐ If utilizing a credit card, separately submit payment via www.arccorp.com/payment/
- ☐ To pay by check, please mail to Airlines Reporting Corporation PO Box 645286 Cincinnati, OH 45264-5286.
- ☐ Original of all Personal History 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

Mail completed application with all required attachments to:
Airlines Reporting Corporation
Attn: Accreditation
3000 Wilson Blvd., Suite 300
Arlington, VA 22201