



IATAN Accreditation Amendment Form

Current Information

Please note there is **no charge** to update this information. Once this document is returned to us, IATAN's industry suppliers and customers will be notified.

IATA numeric code: -

Head Office: Branch Office: STP:

Host IATA numeric code: -
(for STP location only)

Please review the following three (3) types of changes to see which are applicable to your situation. Enter a check mark in the appropriate box(es) and complete the corresponding section(s).

- 1: New legal and/or trade (d.b.a) name(s), location, mailing address, telephone and/or fax number(s), website address, tax id number, etc.
- 2: Re-designation of a Head Office as a Branch Office, or vice-versa
- 3: Voluntary Cessation of any location

1. New Information – report a change of name, location, mailing address, telephone and/or fax number(s), business website, business e-mail address, and / or qualifying personnel. *(Please note you can now update agency information online. Please go to www.iatan.org and log on to Online Services.)*

Date Of Change / /
(mm/dd/yyyy)

Tax ID Number: _____

Legal Name _____

With legal name change, has there been a change of ownership? Yes No
If Yes, retrieve the [Joint Notice of Change Form](#)

Trade (d.b.a.) Name _____

Does this change include all branches? Yes No

Commercial Client _____

If situated on the premises of a client

Physical Address _____

Building/Suite _____

City _____

State _____

Zip

-

Mailing Address _____

City _____

State _____

Zip

-

Telephone No. _____

Fax No. _____

Business E-Mail Address _____

Business Website _____

Managerial Qualifier (QMP)	Name: _____	PRIN or SS#: _____
Ticketing Qualifier (QTA)	Name: _____	PRIN or SS#: _____
Attendant for STP	Name: _____	PRIN or SS#: _____
Host # for STP	IATA numeric code <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	





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Premises (complete for a change of location only)

- a) What are the company's normal business hours per week?
 Less than 35 hours 35 hours or more
- b) Is the business accessible to the general public?
 Yes No (provide an explanation)
 If on the premise of a customer provide the name of the commercial client _____
- c) Does the location comply with all state, municipal and local laws governing the travel business?
 (This includes but is not limited to zoning, sellers of travel registration certificate, registration and business license.)
 Yes No
- d) Has ARC approved the change of location (if applicable)?
 Yes No

2. Re-Designation – assign a new head office (fee applies)

Present Head Office Location (this location will be re-designated as a Branch Office)	
IATA Numeric Code <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Legal Name:	
Trade (d.b.a.) Name:	
Address:	
City:	
State:	Zip:

Present Branch Office Location (this location will be re-designated as a Head Office)	
IATA Numeric Code <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Legal Name:	
Trade (d.b.a.) Name:	
Address:	
City:	
State:	Zip:

If either of these offices are undergoing a Change of Ownership, please visit www.iatan.org, Accreditation, Maintain Accreditation, then click on Promptly Notify IATAN of Any Changes.

3. Voluntary Cessation of Operations – report the closure of the IATAN accredited location

IATA Numeric Code of Location to Close - Effective Date of Closure: //
(mm/dd/yyyy)

Head Office: If a Head Office, will all Branches and STP's also be closed? Yes No
Branch Office: **If No, please complete the Re-designation section #2 of this form to assign a new head office and/or New Information section #1 to assign a new host number to STP's.**
STP:

4. Signature of Owner or Manager

Signature of owner or manager PRIN OR Social Security #: --

EMAIL: info@iatan.org

MAILING ADDRESS :
IATAN
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Miami, Florida, USA 33126

