



## APPLICATION FOR TRAVEL INDUSTRY ACT, 2002 REGISTRATION

Enclosed in this package you will find the following:

1. Registration **Application**
2. Copy of the **Travel Industry Act, 2002 & Ontario Regulation 26/05**
3. Sample outline for **Letter of Credit**
4. **Trust Accounting** Guidelines and sample outline on how to establish a "Travel Industry Act Trust Account"
5. **Code of Ethics**

### NEW REGISTRATION CHECKLIST:

- \$2, 750.00** by certified cheque, bank draft or money order payable to the **Travel Industry Council of Ontario**
- Security Deposit** in the amount of **\$10,000 (Letter of Credit, Bank draft or Certified Cheque** from your financial institution in Ontario)
- Opening proforma **balance sheet** or current financial statements indicating a minimum \$5,000 working capital
- Confirmation of Travel Industry Act trust account(s)** established, on letterhead of your financial institution in Ontario
- Schedule "A"** completed by the supervisor/manager. Please attach a resume and letters of reference from previous employer(s), record(s) of employment (T4 slips), Photo I.D, and TICO Education Standards Certificate
- List all **Travel Counsellors and/or Contractors** and provide confirmation of TICO Education Standards Certificate
- Business address must be commercially zoned or if operating from a dwelling, a letter of approval from local municipality is required
- If **Corporate Shareholders** are listed in question #3, you must complete a separate Corporate Shareholder Information Form
- Disclose all particulars regarding any bankruptcies, judgements, discharges, etc.
- If a **Tradestyle** name is used, it must be registered with **Service Ontario, Ministry of Government Services**.
- If officers and/or directors are different from those listed in the Articles of Incorporation, Form 1 must be filed with **Service Ontario, Ministry of Government Services**
- Companies incorporated outside Ontario must file Form 2 with **Service Ontario, Ministry of Government Services** at 393 University Ave., Toronto, ON M5G 2M2, 416-314-8880
- Provide Criminal Record Check for each Officer, Director, Shareholder and Designated Manager named on the application. This can be obtained from some OPP detachments or most Municipal Police Services
- Provide copy of government photo identification for each officer, director, shareholder and Designated Manager named on the application.
- Terms and Conditions of Registration and application must be signed by:**
  - : all active officer(s) of a Corporation
  - : all partners of a Partnership
  - : the proprietor of a Sole Proprietorship
- If applying for **both Retail and Wholesale** registration, separate applications and fees must be submitted
- WHOLESALE applicants must provide a Business/Marketing Plan**
- Must obtain written approval from Registrar, Travel Industry Act 2002, before entering into any 'risk contracts' with scheduled or non scheduled air carriers.**

**Please Note:** An Annual Renewal Fee is payable **90 days after** the Registrant's **fiscal year end**. The fee is based on reported sales in Ontario during the previous fiscal year.

**\*Complete applications will be processed in approximately 30 days.**

**\*Incomplete applications will be returned to the applicant.**

# Application for *Travel Industry Act, 2002* Registration:

The undersigned apply to the Registrar for registration as a Travel Agent and/or Wholesaler under the *Travel Industry Act, 2002*. Statutes of Ontario, 2002, Chapter 30, Schedule D.

For Office Use Only	
Reg. #:	
Approved:	_____

## BUSINESS CLASSIFICATION

- Sole Proprietor
- Partnership
- Corporation

## TYPE OF REGISTRATION

- Retail
- Wholesale

### Notes to Applicants:

- For the purpose of this form, the term "Applicant" means sole proprietor, any partner of a partnership or any officer / director of a corporation.
- Print or Type in Black.

The following questions must be completed in full.

1 Head Office Information					
Name of Sole Proprietor, Partners, Corporation					
Trade Name					
Business Address (if RR – Lot, Concession No. & Township)			Address for service in Ontario (if different from business address)		
City	Province	Postal Code 	City	Province	Postal Code 
Phone ( )	Fax ( )		Phone ( )	Fax ( )	
Toll free	e-mail			Web site	

Corporations Only			
Ontario Corporation Number	Date of Incorporation	Corp. Status (Provincial, Federal)	Jurisdiction

**2****Financial Information****Note:** Accounts must be maintained in the Legal Name and Trading Name(s) of the head office and branch office(s).

Name of Bank /Financial Institution for Head Office		Address	
CAD.\$ Trust Account #	US\$ Trust Account #	CAD. \$ General Account #	US\$ General Account #
Name of Bank /Financial Institution (If Branch Bank Different)		Address	
CAD. \$ Trust Account #	US\$ Trust Account #	CAD. \$ General Account #	US\$ General Account #
Fiscal Year End Date (mm/dd)	Accounting System	Reservation System	

**3****Corporations Only****Note:** If the shareholder is a corporation, a separate *Corporate Shareholder Information Form* must be completed.

Name of shareholder(s)	Employer	Occupation/Position	No. of shares held	No. of voting shares held

Total number of voting shares issued to date Enter total number of equity (voting) shares beneficially owned directly or indirectly, by non-residents of Canada or over which non-residents of Canada exercise control or direction. 3a. Is the corporation entitled to offer its shares to the public? Yes  No 3b. Are any of the above shares held for a beneficial shareholder? Yes  No 

If yes, attach full particulars.

## 4 Particulars for Shareholders, Officers, Directors, Partners, Sole Proprietor, and Office Manager/Supervisor

**01**

Social Insurance Number		First Name		Middle	Last	
Home address				Position held in company (officer, director, shareholder, manager)		
City	Province	Postal Code	Phone	Birth date		Sex
			( )	MM	DD Y YYYY	F M
				/	/	
<b>Employment History</b> (Go back 3 years)				From	To	
<b>Name / Address of Employers</b>		<b>Occupation/Position/ Type of work</b>		<b>mm/dd/yyyy</b>	<b>mm/dd/yyyy</b>	

**02**

Social Insurance Number		First Name		Middle	Last	
Home address				Position held in company (officer, director, shareholder, manager)		
City	Province	Postal Code	Phone	Birth date		Sex
			( )	MM	DD Y YYYY	F M
				/	/	
<b>Employment History</b> (Go back 3 years)				From	To	
<b>Name / Address of Employers</b>		<b>Occupation/Position/ Type of work</b>		<b>mm/dd/yyyy</b>	<b>mm/dd/yyyy</b>	

**03**

Social Insurance Number		First Name		Middle	Last	
Home address				Position held in company (officer, director, shareholder, manager)		
City	Province	Postal Code	Phone	Birth date		Sex
			( )	MM	DD Y YYYY	F M
				/	/	
<b>Employment History</b> (Go back 3 years)				From	To	
<b>Name / Address of Employers</b>		<b>Occupation/Position/ Type of work</b>		<b>mm/dd/yyyy</b>	<b>mm/dd/yyyy</b>	

*Copies Allowed, attach additional sheet if space insufficient*

## For Officers/Directors, Partners, Sole Proprietors

(Questions 5 through 13 completed for each person)

5.	<b>Is the applicant a Canadian resident?</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> <b>Canadian Resident Status:</b> (Provide proof of citizenship or immigration documents) Canadian Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> Landed Immigrant: Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	<b>Has the “applicant” ever had a registration of any kind refused, suspended, revoked or voluntarily terminated? If yes, attach particulars.</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
7.	<b>Is the applicant engaged, occupied, employed or associated directly or indirectly in any other business occupation or profession? If yes, attach particulars.</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
8.	<b>Is the applicant now or has the applicant been involved in bankruptcy proceedings? If yes, attach assignment or discharge papers.</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
9.	<b>Has the applicant ever been or is he/she now, an officer, director or majority shareholder of a corporation which has been declared bankrupt or is presently a party to bankruptcy proceedings?</b> Notes: 1. Where an applicant is an undischarged bankrupt, submit a copy of the assignment in bankruptcy and a list of creditors. 2. Where an applicant is a discharged bankrupt, submit proof of discharge. 3. For corporation bankruptcies, submit any related documents. <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
10.	<b>Are there any unpaid judgements outstanding against the applicant? If yes, submit a copy of each judgement. State the amount outstanding and repayment arrangements.</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
11.	<b>Has the applicant ever been found guilty or convicted of an offence under any law or are any charges now pending? This includes where a conditional discharge or an absolute discharge has been ordered. If yes, attach full particulars on a separate signed and dated statement. Note: Where the applicant has been previously registered, list only those convictions, conditional discharges, absolute discharges or charges which have not been previously disclosed.</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
12.	<b>Has the applicant ever been associated with a registrant that has failed and has had claims against the Fund?</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>

### Notice and Consent

In order to complete or verify the information provided on this form, it may be necessary for the Travel Industry Council of Ontario to collect additional information from, or to exchange information with, government and non-government sources. Only information relevant to your registration will be collected.

I consent to the collection of this information as authorized under the *Travel Industry Act, 2002*. I understand that this information will be used to determine whether I am qualified for the registration for which I am applying. I further consent to the sharing of any information gathered in the course of processing this application with others as may be considered necessary in the course of determining whether I am qualified for registration. The registration record, which includes the registrant’s name, registration number, employer’s name, business address and registration dates is part of the public record. I confirm that I am legally entitled to work in Canada.

### 13 Note for corporations this must be signed by all Officers & Directors. Partnership must be signed by all partners.

Signature of applicants	Signature of applicants	Signature of applicants
Print full names	Print full names	Print full names
<b>Warning – it is an offence to knowingly provide false information on this application.</b>		Dated  mm/dd/yyyy

# TERMS & CONDITIONS OF REGISTRATION

Please review this material carefully. Call the Registrar's office at (905) 624-6241 (toll free 1-888-451-8426) if you have any questions or if clarification is required. Below we have highlighted some of the provisions of the Act and Regulation that you must become familiar with, copies of which can also be download from TICO's website [www.tico.ca](http://www.tico.ca)

## ***Travel Industry Act, 2002***

The *Travel Industry Act, 2002* covers a number of important items. **Section 8(2)** establishes that your registration is issued subject to certain terms and conditions. **Section 24(1)** requires you to notify the Registrar of any change in address for service, in officers in the case of a corporation or members of a partnership WITHIN 5 days. **Sections 28 & 29** of the Act outline some of the Registrar's powers with respect to false advertising. **Section 31(3)** sets out applicable penalties for persons and corporations convicted of contravening the Act or Regulation. **Sections 8, 10 and 11** outline other actions that can be taken by the Registrar and your rights regarding these actions.

## **Ontario Regulation 26/05**

- **Section 15** deals with having a qualified supervisor available during business hours.
- **Section 22** requires filing of **financial statements** each fiscal year or more frequently depending upon your sales volume. See this section for details.
- **Section 24** requires that minimum **working capital** levels be maintained based on sales volume.
- **Section 27** sets out the **trust accounting** provisions that your travel agency must put into practice. **Section 29** deals with **records** – accounting records, banking records and written records of all payments that must be kept at the registered premises.
- **Sections 31 to 35** deal with **advertising requirements**.
- **Sections 36 & 37** deal with **disclosure requirements**.
- **Section 38** sets out requirements with respect to **statements, invoices and receipts**.

**Form 1 payment as per Payment Schedule set under clause 12(1)(c) of the Safety and Consumer Statutes Administration Act, 1996.**

This one page highlight sheet is intended to introduce you to the Act and the Regulation. For correct interpretation and meaning, one must refer to the actual wording in the legislation and not the condensed versions contained here.

***You are also required to submit a written notice to the Registrar 10 days prior to closing or terminating your TICO licence.***

***You must obtain a written approval from the Registrar, Travel Industry Act 2002, before entering into any 'risk contracts' with scheduled or non scheduled air carrier.***

We ask that you acknowledge having read this sheet, the Act and the Regulation and that you agree to comply with the TERMS AND CONDITIONS contained therein. PLEASE SIGN THIS PAGE AND SUBMIT IT WITH YOUR APPLICATION. (Must be signed by all officers of a corporation, all partners in a partnership or the proprietor of a sole proprietorship)

ACKNOWLEDGED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Print Name

\_\_\_\_\_  
Applicant Print Name

\_\_\_\_\_  
Applicant Print Name

## **SCHEDULE "A"**

### **REQUIREMENTS FOR MANAGER/SUPERVISOR**

**This schedule is to be fully completed and must accompany the application. It must be sent to the Registrar, *Travel Industry Act, 2002*, whenever a new Manager/Supervisor is appointed. Please keep photocopies of this Schedule for future use.**

Name of Travel Agency or Branch (please print)

Name of Manager/Supervisor (please print)

Social Insurance Number

The Manager/Supervisor must enclose a full description of their travel industry experience. **Attach resume along with letters of reference, records of employment, T4 slips, government photo I.D. and TICO Education Standards Certificate.**

1. Are you now or have you ever been involved in any way with the operation or closing of a corporation (as an officer, director, shareholder), partnership, sole proprietorship or branch office registered under the *Travel Industry Act, 2002* or the *Travel Industry Act* for which the *Ontario Travel Industry Compensation Fund* has paid claims or has claims pending where full recovery payments or arrangements have not been made?

Yes *If "Yes", please attach full particulars*  No

2. Have you ever been found guilty or convicted of an offence under any law or are there any charges now pending? This includes where a conditional discharge or an absolute discharge has been ordered.

Yes *If "Yes", please attach full particulars*  No

3. Have you ever been bankrupt or are you presently the subject of bankruptcy proceedings? Have you ever been, or are you now, an officer, director or majority shareholder of a corporation which has been declared bankrupt or is presently the subject of bankruptcy proceedings?

Yes  No

**Notes:** If undischarged bankrupt, submit a copy of the Assignment in Bankruptcy and list of creditors. If discharged bankrupt, submit proof of discharge. For corporation bankruptcies, submit any related documents.

4. Are there any outstanding unpaid judgements against you? *If "Yes", submit a copy of each judgement. State amount outstanding and repayment arrangements.*

Yes  No

# NOTICE and CONSENT

In order to complete or verify the information provided on this form, it may be necessary for the Travel Industry Council of Ontario to collect additional information from or to exchange information with government and non-government sources. Only information relevant to your registration will be collected.

I consent to the collection of this information as authorized under the *Travel Industry Act, 2002*. I understand that this information will be used to determine whether I am qualified for the registration for which I am applying. I further consent to the sharing of information gathered in the course of processing this application with others as may be considered necessary in the course of determining whether I am qualified for registration. The registration record, which includes the registrant's name, registration number, employer's name, business address and registration date, is part of the public record.

I confirm that I am legally entitled to work in Canada.

If you have any questions concerning the collection of information, please contact TICO.

\_\_\_\_\_  
Signature of Manager/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date of Birth                      mm/dd/yyyy

Residence Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_