



This Application Agreement must be submitted with the application

The applicant submits this application to Airlines Reporting Corporation (ARC) for accreditation as a New Corporate Travel Department (CTD) Branch location and for inclusion on the ARC List. In consideration of ARC's evaluation of the application, the applicant agrees as follows:

1. The applicant must, except as this agreement may permit otherwise, meet the same criteria as though the applicant were an approved CTD being reviewed for retention on the ARC List under the Corporate Travel Department Reporting Agreement (CTDRA)

http://www.arccorp.com/join/apply_ctd.jsp. Upon receipt of the application, ARC will notify the carriers and system providers.

2. The following definitions apply to this application, in addition to those contained in the CTDRA:

canceled: the status of a former ARC-approved CTD or of a former ARC-approved agent (1) whose CTDRA or ARA was terminated by ARC, (2) who was subject to the additional operating requirements of Section IX of the CTDRA or ARA at the time when it voluntarily canceled its agreement, (3) who was subject to a demand made pursuant to Section XV.A of the CTDRA or ARA at the time when it voluntarily canceled its agreement, (4) who failed to pay amounts owed to ARC or the carriers at the time when it voluntarily canceled its agreement, (5) or whose voluntary cancellation was subsequently amended by ARC to show failure to pay an amount owed pursuant to the CTDRA or ARA.*

presently in default: the status of an ARC-approved CTD or an ARC-approved agent during the 30-day period referred to in Section VIII.D. of the CTDRA or ARA or any extension thereof granted pursuant to Section VIII.

3. An application is not complete until all required documents and information have been received with all required signatures and fees paid. ARC will not approve an incomplete application.

4. ARC will conduct such investigation, as it deems appropriate to verify the accuracy of the information presented in this application.

5. The applicant will promptly notify ARC in writing of each material change that occurs after the application is submitted and before it is approved or disapproved. Failure to so notify ARC will itself constitute a material misrepresentation in the application.

6. Within 90 days of the receipt of a complete application, ARC will, except as provided in paragraph 7 of this agreement, approve, disapprove, or reject and return the application and so notify all carriers and system providers. Please note that the 90-day period will not begin until all required documents and fees have been received by ARC.

7. ARC will disapprove this application if it finds that the applicant does not meet the requirements for inclusion on the ARC list or cannot be relied on to adhere to the terms of the CTDRA.

8. If this application is disapproved, the applicant's sole right of recourse will be to have the disapproval reviewed by the Travel Agent Arbitrator (TAA) in a de novo arbitration proceeding in which the applicant has the burden of proof. 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.

9. The applicant hereby waives all rights based on libel, slander, or defamation of character by reason of ARC's publication of any reason for disapproval of this application, provided that such reason is reasonably related to the discharge of ARC's obligations, the exercise of its rights, or the performance of its officers, directors, and/or employees in evaluating and approving or disapproving this application.

* For purposes of this Agreement, references to the ARC List and the Corporate Travel Department Reporting Agreement include, in addition, the Agent Reporting Agreement, Verified Travel Consultant Agreement and the Passenger Sales Agency Agreement and its predecessor Sales Agency Agreement, of the Air Traffic Conference of America (ATC), as well as the ARP List of Agents and the ARP Agent Agreement.



There is a processing fee of \$800.00 payable by check or credit card. If utilizing credit card please submit 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 – Designation of Proposed CTD Branch Location

A. Type of Corporate Travel Department

This application is for a:

- Corporate Travel Department Branch
- Corporate Travel Department Branch (Electronic Office)

B. CTD Branch Name and Address

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

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

C. Address for Corporate Travel Department Correspondence

State the address to which all mail other than sales summaries should be mailed:

1. Name of person or firm: _____
2. Suite/Floor/P. O. Box: _____
3. Street Address: _____
4. City: _____ State: _____ Zip: _____

D. 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:

Electronic office locations may request ARC non-accountable documents, but are not authorized to order, issue or store ARC accountable traffic documents



1. Name of person or firm: _____
2. Suite/Floor: _____
3. Street Address: _____
4. City: _____ State: _____ Zip: _____

E. Sales Summary Address

State the address to which sales summaries should be mailed:

1. Name of person or firm: _____
2. Suite/Floor/P. O. Box: _____
3. Street Address: _____
4. City: _____ State: _____ Zip: _____

Part 2 – ARC Approved CTD Home Office Information

A. CTD Home Office Information

1. Home Office CTD Code No: _____
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. Entity Type

After selecting the applicable entity type, please enter requested information into table provided in Part 2 C.

- Proprietorship
- Partnership
- Non-public Corporation (indicate when & where incorporated): Date: _____ State: _____
- Publicly traded Corporation (indicate when & where incorporated): Date: _____ State: _____
- Limited Liability Company (indicate when & where organized): Date: _____ State: _____
- Other: Describe: _____

Internal Revenue Service Employer Identification Number or Taxpayer Identification Number: _____



C. Ownership Information

If the applicant is a proprietorship, please provide the full name and social security number (SSN) of the proprietor and proprietor's spouse. If the applicant is a partnership, list the full names and SSNs of all partners and indicate whether each individual is a general or limited partner. If the applicant is a non-public corporation or publicly traded corporation, enter the names, titles and SSNs of all officers and directors who are responsible for the operation and personnel of the Corporate Travel Department. If the applicant is a LLC, provide the names of all members and also indicate those who are managing members or directors. Please include a Personal History form for each individual listed in the table below.

If additional owners, insert Ownership Agent/Applicant Continuation Page, found in the Forms Catalog of ARC's Website.

First Name	Middle Name	Last Name	Title	Social Security Number	% Share if Corp.

In the table below, list all, if any corporate entities which are partners, shareholders, or members of the applicant Corporate Travel Department (CTD). Provide the names of the business entities and if any of the entities listed is a shareholder of the applicant CTD, provide the percent of shares for the applicant CTD owned by each such entity.

Corporation Name	Federal Taxpayer ID #	% Share if Corp.

Part 3 – Proposed CTD Branch Premises and Accessibility

A. Opening Date

State the date on which the applicant anticipates that the CTD location will be operational with all required personnel:

_____ (Date)

B. Premises

1. Is the applicant located on the premises of another ARC accredited entity or STP or CTD? Yes No

If "Yes":

a. Agency or CTD ACN: _____

b. Agency or CTD legal name: _____

If sharing a location please complete and submit a "Sharing Premises with Another ARC-Accredited Agency/STP/CTD" form, found in the forms catalog of ARC's Website.



2. Are you replacing the existing ARC approved agent or CTD at this location? Yes No
3. Will the applicant's CTD occupy the exact same location as the previous location? Yes No

C. Building or Facility in Which the CTD is Located

Describe the building or facility where the CTD is located:

- Single/multi-user commercial office building Bank Within another business Airport
- Separate retail store front Hotel Private Residence Military or Government

Other: Describe: _____

D. Interior Premises

Describe the interior premises where the proposed CTD location will be located:

- Cubicle
- Lockable and separate office
- Foyer or lobby
- Other, describe: _____

Part 4 – System Provider Information

Name of primary GDS system provider, which is, or will be used at the CTD location:

- Amadeus Galileo Sabre Worldspan Other _____

Part 5 – Personnel Standards

A. Designated Manager Information

Please list the individual who has been designated to make the management decisions for the Home Office and/or Branches Complete and submit a Personal History form for the Designated Manager.

1. Name: First: _____ Middle: _____ Last: _____

Part 6 - Issuance of ARC Traffic Documents

Will the ARC traffic documents be issued at the CTD location to: (Check all answers that apply)

- The general public To employees for business and leisure travel Clients
- To employee family members for leisure travel To employees for business travel only

Other: Describe: _____

Part 7 - Security for ARC Traffic Documents and Carrier Funds Held in Trust

Sections A through D are not applicable to an Electronic Office; please complete Section E Access to Bank Account Information.

A. Automated Ticket Printer

Describe where the automated ticket printer will be located:

- The ticket printer will be located in a separate room within the CTD accessible only to CTD personnel.
- The ticket printer will be located in a separate area within the CTD accessible only to CTD personnel.

Other: describe: _____

B. Automated Traffic Documents

Describe the security for the automated traffic documents located in the ticket printer:

- The automated traffic documents will be locked inside the printer
- The printer and automated traffic documents therein will be housed in a locked container
- The printer and traffic documents will be placed in a locked room



C. Storage Containers for Working Supply of ARC Traffic Documents

Describe the type of container that will be used at the agency location for the storage of the documents described in Section VI, Attachment B of the ARA:

- Locked metal safe, metal filing cabinet or other metal container, under the exclusive control of the agent, with a weight (when empty) of 200 or more pounds and a locking device meeting UL classification 768 (combination/time-locks)
- Locked metal safe, metal filing cabinet or other metal container, under the exclusive control of the agent, which is permanently attached to the floor or wall of the agency location and a locking device meeting the UL classification 768 (combination/time-locks)
- Other: describe: _____

D. Storage Location for Reserve Supply of Traffic Documents

1. Describe the storage location for the reserve supply of ARC traffic documents:
 - a) On-premises at the agency location (complete "Request to Store Traffic Documents" form)
 - b) Off-premises in a bank facility (complete section 2 below)
 - c) Off-premises in another ARC approved location or storage facility (complete "Request to Store Traffic Documents" form)
2. If off-premises in a bank facility complete the following information:
 - a) Bank/Facility Name: _____
 - b) Street Address: _____
 - c) City: _____ State: _____ Zip: _____
 - d) Telephone Number: _____
 - e) Deposit Box Number: _____

E. Designated Bank Account

Please provide the following information for the Bank Account designated as the account for the benefit of ARC and the Carriers for deposit of the proceeds of remittances for air transportation and ancillary services, issued on ARC Traffic Documents.

1. Bank/facility name: _____
2. City: _____ State: _____ Telephone Number: _____
3. Transit routing number: _____
4. Account number: _____ UCB Code (if applicable): _____

F. Access to Bank Account and Traffic Documents

List all individuals that will have access to ARC traffic documents and/or ARC bank account. Provide a Personal History form for all individuals that will have access to ARC traffic documents and ARC bank accounts. If you need to list additional personnel, attach an Access to Bank Account and Traffic Documents Continuation Page.

First Name, Middle Name, Last Name	ARC Traffic Documents (Yes or No)	ARC Bank Account (Yes or No)



Part 8 - Certification

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 hereby certify that the statements made in this application and the attachments thereto are true and correct and that, I am authorized by the applicant identified in Part 2 to file this application. I acknowledge and understand that the application agreement governs the relationship between the applicant and ARC during the pendency of the application. 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, such as but not limited to, lease agreements, System Provider (CRS) or Global Distribution System (GDS) contracts, credit reports, employment agreements, photographs, fingerprints and IRS documents, as may be required to evaluate this application. I acknowledge and understand that ARC requires written notice signed by an owner or officer of the Applicant to withdraw this application.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature of Owner or Officer of the CTD
(MAY NOT BE SIGNED BY ANY OTHER PERSON)

Type name of above signatory

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 duly sworn by me, stated that the contents of the foregoing application are true and complete, and signed the application in my presence.

NOTARY SEAL

Notary Public Signature

My commission expires on



Checklist

- Check payment in the amount of \$800.00 is attached to this form.
- Submit credit card payment via: <https://www.arccorp.com/payment/>
- Original of all Personal History Form(s). Form located at: <http://www.arccorp.com/forms/ops/doc730.pdf>
- Copy of rental receipt for bank safe deposit or other off-premises facility to store reserve supply of ARC traffic documents (Not applicable to Electronic Office locations.)
- Copy of signature card or official access record to verify entities of all persons who will be permitted access to the ARC traffic documents (Not applicable to Electronic Office locations.)
- If applicable, a Request to Store Traffic Documents. Form located at: <http://www.arccorp.com/forms/aas/form688.pdf>
- If applicable, an Absolute Liability Exemption

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

Telephone Number: 703.816.8016