



SELLER OF TRAVEL REGISTRATION APPLICATION

(Previous or current registrants please use Registration Renewal Form)
Use additional pages if necessary OR submit in a read-only electronic format, for each question.

**New
Applicants
Only**

MAIL COMPLETED ORIGINAL APPLICATION TO:

**Seller of Travel Program
Office of the Attorney General
Department of Justice
300 South Spring Street, Suite 1702
Los Angeles, CA 90013-1230**

PLEASE PRINT OR TYPE

**Seller of Travel Program website: <http://ag.ca.gov/travel>
Seller of Travel Program e-mail: Sellers.Travel@doj.ca.gov**

1. Legal name of applicant: _____
LEGAL NAME

2.a. Has the applicant, any owner, or manager of the applicant been previously registered as a Seller of Travel?
 YES If "YES,"
PREVIOUS BUSINESS NAME _____
PREVIOUS BUSINESS ADDRESS _____
FILE NUMBER OR PREVIOUS SELLER OF TRAVEL REGISTRATION NUMBER _____

NO

2.b. Date that applicant will first advertise, offer, arrange, contract for or sell travel services to persons in **California** [See Business & Professions Code section 17550.1(a)].

---or---

If applicant has already engaged in any of these activities, date of first activity: _____
BUSINESS START DATE

3.a. Type of ownership (check one):
 Sole Proprietorship Corporation Limited Liability Company
 Partnership Other: _____

3.b. If applicant is a corporation, partnership or other business entity, provide the Federal Tax Identification Number\EIN, and the state or foreign country of registration:

_____ FEDERAL TAX ID / EIN _____ PLACE _____ RECORD/CORP. NO.

3.c. If applicant is a corporation or other business entity:

i. Is the corporation in good standing with the Secretary of State?

YES

NO If "NO," please explain _____

ii. Is the corporation an issuer or subsidiary of an issuer of securities that are listed on a national securities exchange or designated as a national market system security?

YES If "YES," identify the exchange _____

NO

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4.a. Applicant's principal place of business (must be a physical location, not a P.O. box):

STREET

ARC/IATAN NUMBER (IF ANY)

CITY, STATE, AND ZIP CODE

COUNTRY

4.b. Applicant's mailing address (if different from 4.a.):

STREET / P.O. BOX

CITY, STATE, AND ZIP CODE

COUNTRY

5. Provide the following contact information for the business:

BUSINESS TELEPHONE

BUSINESS FAX

E-MAIL ADDRESS(ES)

LIST ALL BUSINESS URLS [WEB SITE ADDRESS(ES)]

6. Provide complete information for the primary contact person:

PRIMARY CONTACT PERSON NAME

POSITION/TITLE

E-MAIL ADDRESS

TELEPHONE

7.a. Provide complete information for all fictitious business names/DBA(s):

(1)

FICTITIOUS BUSINESS NAME (DBA)

COUNTY WHERE FILED

(2)

FICTITIOUS BUSINESS NAME (DBA)

COUNTY WHERE FILED

(3)

FICTITIOUS BUSINESS NAME (DBA)

COUNTY WHERE FILED

(4)

FICTITIOUS BUSINESS NAME (DBA)

COUNTY WHERE FILED

*****MUST ATTACH A COPY OF THE FICTITIOUS BUSINESS NAME STATEMENT FOR EACH DBA LISTED*****

7.b. Provide complete information for all business locations, not already listed, including the business name(s)/DBA(s) used:

(1)

STREET, CITY, STATE, ZIP CODE

ARC/IATAN (IF ANY)

BUSINESS NAME(S)/DBA(S)

TELEPHONE

(2)

STREET, CITY, STATE, ZIP CODE

ARC/IATAN (IF ANY)

BUSINESS NAME(S)/DBA(S)

TELEPHONE

(3)

STREET, CITY, STATE, ZIP CODE

ARC/IATAN (IF ANY)

BUSINESS NAME(S)/DBA(S)

TELEPHONE

Attach additional pages if necessary OR submit in a read-only electronic format.

7.c. Total number of business locations:

COMBINE 4.a. AND 7.b.

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8.a. Provide complete information for each owner and principal of the seller of travel. "Owner" means a person, corporation or other business entity that owns or controls 10 percent or more of the equity of, or otherwise has claim to 10 percent or more of the net income of, a seller of travel. "Principal" means an owner, an officer of a corporation, a general partner of a partnership, or a sole proprietor of a sole proprietorship:

(1)

FULL NAME	POSITION/TITLE
RESIDENCE ADDRESS, STREET, CITY, STATE and ZIP CODE	RESIDENCE TELEPHONE
OWNER'S PERSONAL E-MAIL ADDRESS	CELL PHONE (OPTIONAL)
DRIVER'S LICENSE OR EQUIVALENT PERSONAL ID STATE	DATE OF BIRTH
SOCIAL SECURITY NUMBER OR OTHER NATIONAL ID NUMBER	STATE OR COUNTRY OF ISSUANCE (IF OTHER NATIONAL ID)

(2)

FULL NAME	POSITION/TITLE
RESIDENCE ADDRESS, STREET, CITY, STATE and ZIP CODE	RESIDENCE TELEPHONE
OWNER'S PERSONAL E-MAIL ADDRESS	CELL PHONE (OPTIONAL)
DRIVER'S LICENSE OR EQUIVALENT PERSONAL ID STATE	DATE OF BIRTH
SOCIAL SECURITY NUMBER OR OTHER NATIONAL ID NUMBER	STATE OR COUNTRY OF ISSUANCE (IF OTHER NATIONAL ID)

Attach additional pages if necessary OR submit in a read-only electronic format.

8.b. Provide names of all managers associated with the business or entity:

(1)

MANAGER NAME

(2)

MANAGER NAME

9.a. Has any judgment, including a stipulated judgment, order, plea of nolo contendere, or any criminal conviction, ever been entered against the applicant, any owner, or principal, or any other seller of travel owned or managed by any owner or principal of the applicant, or the applicant itself?

Include in your answer anyone listed in Question 8.a. Disclosures about marital dissolution, child support, and child custody proceedings are not required. You are not required to disclose citations for parking, motor vehicle or local offenses under code or ordinance for which the sole penalty imposed was a fine of \$250 or less.

YES If "YES," complete question 9.b.

NO

9.b. If Question 9.a. is "YES" for any of the Seller of Travel, Owner or Principal then provide the following information for each such person:

(1)

NAME OF SELLER OF TRAVEL, OWNER, OR PRINCIPAL	
NAME OF THE COURT OR ADMINISTERING AGENCY RENDERING THE JUDGMENT, ORDER, OR CONVICTION	
ADDRESS OF THE COURT OR ADMINISTERING AGENCY RENDERING THE JUDGMENT, ORDER, OR CONVICTION	
DOCKET NUMBER	DATE OF JUDGMENT OR ORDER

Describe the nature of the case/judgment: _____

If necessary, attach additional documentation for each additional judgment, order, or conviction.

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10. Financial requirement pursuant to Business and Professions Code sections 17550.15 and 17550.16:

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS TO FULFILL THE REQUIREMENT

OPTION 1: **Trust Account:** A trust account is separate from an operating or general account. The trust account is used to deposit consumer funds and to pay your travel service providers. The trust account cannot be used for business and personal expenses, or to pay the seller of travel registration fee. After you have paid your travel service providers, you may withdraw monies owed to you as compensation for the sale of travel services. The operating account is used to pay out salaries, utilities, and such other operational expenses. **Please complete Question 10.a. if you elect this option.**

OPTION 2: **Surety Bond:** You may elect to purchase a Surety Bond to protect customer payments. Your Surety Bond must be "adequate" to cover the amount that would be required to be held in a Trust Account if you were to have used a Trust Account. One way to estimate that amount that your Surety Bond should cover is to determine the highest single day's balance of customer money which would be held by you before being forwarded to the providers of transportation or travel services. You should make appropriate upward adjustments to your estimates and Surety Bond as circumstances change. **Please complete Question 10.b. if you elect this option.**

OPTION 3: **Consumer Protection Deposit Plan:** You may elect to participate in the United States Tour Operators Association Consumer Protection Deposit Plan or any other Consumer Protection Deposit Plan which has been approved by the Attorney General and in full compliance of Business & Professions Code section 17550.16(b). A Consumer Protection Deposit Plan, by statute, requires depositing with the Administrator of the Plan a minimum of \$1,000,000. As of August 28, 2002, participation in the Deposit Plan is only by application to the United States Tour Operators Association (USTOA). **Please complete Question 10.c. if you elect this option.**

10.a. TRUST ACCOUNT: Provide the following information for all trust account(s), including those accounts held by additional business locations and/or DBA locations:

TRUST ACCOUNT NUMBER	BANK NAME
TRUST ACCOUNT NAME (As shown on bank records)	STREET
	CITY, STATE, AND ZIP CODE

Form 300 is required when an officer or employee is designated to manage the trust account.

ATTACHED

Attach additional pages if necessary OR submit in a read-only electronic format.

10.b. SURETY BOND: Provide the following information for your qualifying Surety Bond:
(A bond or letter of credit payable to ARC ("an ARC Bond") does not qualify as the Seller of Travel Surety Bond.)

SURETY BOND ISSUER	AMOUNT OF BOND
SURETY BOND NUMBER	EXPIRATION DATE, IF ANY

A complete and current Seller of Travel Surety Bond **Form 400** is **REQUIRED**:

ATTACHED

10.c. CONSUMER PROTECTION DEPOSIT PLAN: Attach the original letter from the Plan Administrator showing your participation in this Plan.

ATTACHED

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11.a. Does or will the applicant sell, market, or distribute "travel certificates?"

- YES If "YES," attach a copy of the travel certificate.
 NO

ATTACHED

11.b. Does or will the applicant sell membership discount travel to the general public, pursuant to Business & Professions Code section 17550.27?

- YES If "YES," please note that a \$100,000 bond is required.
 NO

11.c. Does or will the applicant sell membership discount to travel agents, pursuant to Business & Professions Code section 17550.26?

- YES
 NO

12.a. Does or will the applicant have independent agents as described in Business & Professions Code section 17550.20(g)?

- YES If "YES," complete information below, for all independent agents
 NO

(1)

INDEPENDENT AGENT NAME _____ TELEPHONE _____

STREET, CITY, STATE, AND ZIP CODE _____

(2)

INDEPENDENT AGENT NAME _____ TELEPHONE _____

STREET, CITY, STATE, AND ZIP CODE _____

(3)

INDEPENDENT AGENT NAME _____ TELEPHONE _____

STREET, CITY, STATE, AND ZIP CODE _____

(4)

INDEPENDENT AGENT NAME _____ TELEPHONE _____

STREET, CITY, STATE, AND ZIP CODE _____

(5)

INDEPENDENT AGENT NAME _____ TELEPHONE _____

STREET, CITY, STATE, AND ZIP CODE _____

(6)

INDEPENDENT AGENT NAME _____ TELEPHONE _____

STREET, CITY, STATE, AND ZIP CODE _____

Attach additional pages if necessary OR submit in a read-only electronic format.

12.b. Is the applicant a host agency?

- YES
 NO

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14. **TRAVEL CONSUMER RESTITUTION FUND (TCRF)** A seller of travel must participate in TCRF if:

- (1) The seller of travel has its principal place of business in California and that seller of travel does business with persons located in California; or
- (2) The seller of travel or any of its subsidiaries issues securities that are listed on a national securities exchange or designated as a national market system security, and that seller of travel does business with persons in California from at least one location or through at least one agent in California.

For purposes of these requirements, "doing business" with persons in California includes advertising in any manner (including via Internet) to persons in California.

The Travel Consumer Restitution Corporation (TCRC) and the Attorney General's Seller of Travel Program are separate entities and require separate applications and separate fees paid to each. You may visit TCRC's website at www.tcrcinfo.org, to learn more about how to apply. TCRF fees must be paid directly to the Travel Consumer Restitution Corporation.

Is the registering business a participant in the Travel Consumer Restitution Fund (TCRF)?

- YES If "YES," provide **TCRC Control Number** _____
Note: Your TCRC control number must be provided here in order to complete the registration process.
- NO
- a. Applicant does not do business or advertise to persons located in California, including by Internet advertisement;
 - b. Applicant's principal place of business is outside California;
 - c. Applicant has no location or agent in California;
 - d. Applicant is neither an issuer nor a subsidiary of an issuer of securities that are listed on a national securities exchange or designated as a national market system security.

PLEASE NOTE

Your registration will not be complete until we issue a valid Seller of Travel Acknowledgment of Registration letter which includes a Seller of Travel certificate. **IMPORTANT: Make a copy of this completed application packet for your records!**

AMENDMENTS & TRANSFERS OF OWNERSHIP: You must file an amendment with the Seller of Travel Program if there is a change in the information you have supplied prior to the expiration of your annual registration. Use **Form 600** for adding or deleting owners or partners or creating encumbrances. You must submit Form 600 at least ten (10) days prior to the effective date of any transfer of ownership. For other changes use **Form 500** or write a letter noting the amendments and submit it within ten (10) days of the change.



**SELLER OF TRAVEL
AUTHORIZATION FOR DISCLOSURE
OF BUSINESS RECORDS**

CST NUMBER

REQUIRED FOR ALL SOLE PROPRIETORSHIPS, PARTNERSHIPS & TRUSTS

Form 100

I, _____
NAME

TITLE

on my behalf and behalf of _____
BUSINESS NAME

at _____
ADDRESS OF PRINCIPAL PLACE OF BUSINESS

hereby irrevocably agree the Attorney General, district attorneys, and their representatives, upon written request, have the right to examine and copy any and all business records pertaining to the above-mentioned travel business, wherever those records may be held, including financial institutions, credit unions, service providers, carriers, other sellers of travel, the Airlines Reporting Corporation (ARC) and International Airlines Travel Agent Network (IATAN). Business records pertaining to the above-referenced travel business include, but are not limited to: trust accounts, escrow accounts or bonds; claimed exemption(s) from the trust accounts, escrow accounts or bond requirements; travel business accounts; accounts used for travel business transactions; accounts to which trust funds or consumers' funds have been deposited; ledgers and canceled checks.

This irrevocable authorization is made as required by Business & Professions Code sections 17550.15(f)(2), 17550.21(g)(4) and 17550.21(h), for the purposes of the Seller of Travel Law (Sections 17550 *et seq.*) and remains in effect as long as the seller of travel, financial institution, or other custodian of records retains records.

DATE SIGNED

SIGNATURE



SELLER OF TRAVEL AUTHORIZATION AND CONSENT

CST NUMBER _____

REQUIRED FOR ALL CORPORATIONS

Form 100-A

The following signatories on behalf of themselves and:

SELLER OF TRAVEL NAME

grant permission, pursuant to Business and Professions Code §§17550.21(g)(4) and 17550.21(h), to the Office of the Attorney General, district attorneys, and their representatives, upon written request, have the right to examine and copy any and all business records pertaining to the above-mentioned travel business, wherever those records may be held, including financial institutions, credit unions, service providers, carriers, other sellers of travel, the Airlines Reporting Corporation (ARC) and International Airlines Travel Agent Network (IATAN). Business records pertaining to the above-referenced travel business include, but are not limited to: trust accounts, escrow accounts or bonds; claimed exemption(s) from the trust accounts, escrow accounts or bond requirements; travel business accounts; accounts used for travel business transactions; accounts to which trust funds or consumers' funds have been deposited; ledgers and canceled checks.

This irrevocable authorization is made as required by Business & Professions Code sections 17550.15(f)(2), 17550.21(g)(4) and 17550.21(h), for the purposes of the Seller of Travel law (Sections 17550 et seq.) and remains in effect as long as the seller of travel, financial institution, or other custodian of records retains records.

Each director, officer, member, owner or principal has signed below.

I declare, under penalty of perjury under the laws of the State of California that the foregoing is true and correct and was executed on the date or dates set forth below.

(1)

PRINT NAME SIGNATURE

POSITION/TITLE CITY, STATE DATE

(2)

PRINT NAME SIGNATURE

POSITION/TITLE CITY, STATE DATE

(3)

PRINT NAME SIGNATURE

POSITION/TITLE CITY, STATE DATE

(4)

PRINT NAME SIGNATURE

POSITION/TITLE CITY, STATE DATE

(5)

PRINT NAME SIGNATURE

POSITION/TITLE CITY, STATE DATE

Attach additional pages if necessary

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VERIFICATION PAGE

All Principals (Owners, Officers, Directors, Members, Partners, or Sole Proprietors) of the registering seller of travel must date, sign, fill in the city and state where they sign, and print their name. All corporations, partnerships, or trusts having an investment in the filer must have a duly authorized officer of the owning corporation, partnership, or trust date, sign, and print their name below and fill in the city and state where signed. **All signatures must be original.** A faxed, photocopied, or stamped signature is not acceptable because this is a legal document signed under penalty of perjury.

Original signatures may be on separate copies of this verification page.

I/we declare under penalty of perjury under the laws of the State of California that all of the information provided in answer to questions 1-14, of the Registration Application, and the attached Forms are true and correct.

(1)	_____	_____	_____
	PRINT NAME	SIGNATURE	
	_____	_____	_____
	POSITION/TITLE	CITY, STATE	DATE
(2)	_____	_____	_____
	PRINT NAME	SIGNATURE	
	_____	_____	_____
	POSITION/TITLE	CITY, STATE	DATE
(3)	_____	_____	_____
	PRINT NAME	SIGNATURE	
	_____	_____	_____
	POSITION/TITLE	CITY, STATE	DATE
(4)	_____	_____	_____
	PRINT NAME	SIGNATURE	
	_____	_____	_____
	POSITION/TITLE	CITY, STATE	DATE
(5)	_____	_____	_____
	PRINT NAME	SIGNATURE	
	_____	_____	_____
	POSITION/TITLE	CITY, STATE	DATE
(6)	_____	_____	_____
	PRINT NAME	SIGNATURE	
	_____	_____	_____
	POSITION/TITLE	CITY, STATE	DATE
(7)	_____	_____	_____
	PRINT NAME	SIGNATURE	
	_____	_____	_____
	POSITION/TITLE	CITY, STATE	DATE
(8)	_____	_____	_____
	PRINT NAME	SIGNATURE	
	_____	_____	_____
	POSITION/TITLE	CITY, STATE	DATE
(9)	_____	_____	_____
	PRINT NAME	SIGNATURE	
	_____	_____	_____
	POSITION/TITLE	CITY, STATE	DATE
(10)	_____	_____	_____
	PRINT NAME	SIGNATURE	
	_____	_____	_____
	POSITION/TITLE	CITY, STATE	DATE

Attach additional pages if necessary.