



Accreditation Promo Code

# IATAN Accreditation Application Form

## Travel Agents

### Section 1. Business Information

Tax ID Number: \_\_\_\_\_ (Nine-digit number issued by the IRS)

Business Legal Name: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_

The business shall not have a name that is the same as, or misleadingly similar to: International Airlines Travel Agent Network (IATAN), International Air Transport Association (IATA), an IATAN customer airline or Aviation Industry Reporting System Inc. (AIRS).

Physical Address *(include suite, floor, name of building or shopping center)*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address *(if different from above)*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business established date: \_\_\_\_\_ (MM/DD/YYYY)

### Additional Information

Application Type:  Head Office  Branch Office

If this application is for a branch office, provide Head Office IATA Numeric Code: \_\_\_\_\_

Location Category:

Travel Agency  Meeting and Event Planner  Tour Operator  Group Intermediary  Site Selector

Web Intermediary  Cruise Intermediary  Corporate Travel Department  Corporate Client Location

Centralized Service Location  (Other specify) \_\_\_\_\_

Is your business considered home based?  Yes  No

How many employees does your business have? \_\_\_\_\_

Does the entity hold airline appointments or issue airline tickets?  Yes  No >> If you responded "Yes", please enclose copy of:

- ARC Approval Letter
- Signed and notarized IATAN Agency Agreement



Has your business been registered with the state or county?

- Yes – Please enclose a copy of either your DBA Registration, Articles of Incorporation, operating agreements, or any equivalent document applicable to your business type
- No – Please see Section 1 of the IATAN Accreditation Requirements for explanation of Business Registration

Do you have an active business license?

- Yes – Please enclose a copy of the document
- No – Please see Section 1 of the IATAN Accreditation Requirements for explanation of Business License

Do you have a Seller of Travel State Registration? (Only applicable for companies in Florida, Iowa, Washington State, Hawaii)

- Yes – Please enclose a copy of the document
- No – Please provide exemption from local authority
- N/A – My company is not registered in any of these four states

### Qualifiers

<b>Managerial Qualifier (QMP)</b>	<b>Name:</b>	<b>PRIN#:</b>
<p>QMP: Each location must be managed by a person who devotes substantially all of their time to the affairs of the business (person authorized to make managerial decisions and exercise daily supervision of the location). In addition, the QMP must have 2 or more years of experience in travel sales capacity or has earned an industry certification</p>		
<b>Ticketing Qualifier (QTA)</b>	<b>Name:</b>	<b>PRIN#:</b>
<p>QTA: Required for ticketing locations only. Each ticketing location must have at least one full time* person who performs or supervises the performance of all technical aspects of selling commercial air transportation (i.e. making reservations, issuing tickets, assigning seats, generating other traffic documents, etc.</p>		

Do you have Proof of Experience for your Qualifiers?

- Yes – Please enclose copy of relevant document as per Section 1 of the IATAN Accreditation Requirements
- No – Please see Section 1 of the IATAN Accreditation Requirements for a list of possible documents which can be submitted as proof of experience

Do you have Professional Liability Insurance? For details see Section 2 of the IATAN Accreditation Requirements

- Yes – Please enclose a copy of the document
- No – Please complete the Errors & Omissions Waiver at the end of this form and include Proof of Experience



## Responsibilities

The Applicant will not be accredited or retained by IATAN when the business entity, any person(s) holding a financial or ownership interest in the business or any manager who exercises daily supervision over the operation of the business has:

- Yes\*  No      been found within the last ten (10) years by a court of competent jurisdiction to have violated any fiduciary obligation or committed an act of fraud, embezzlement, or similar activity.
- Yes\*  No      been involved in the financial management of an accredited location which has been removed from IATA or ARC on grounds of default, unless it is determined that such travel agent, person or manager did not participate in the acts or omissions that caused such default.
- Yes\*  No      made a misleading statement or representation to obtain or retain this accreditation.
- Yes\*  No      improperly used an IATAN or IATA registered trademark or service mark.
- Yes\*  No      falsely identified the business as holding industry credentials or memberships not limited to IATA or IATAN.
- Yes\*  No      lent, subcontracted or hired from a third party an IATA numeric code, or used the IATA numeric code as a form of identification or other purpose on a proprietary product without express authorization to do so by IATA.

*\* If yes, please include a written explanation giving details including the name of the individual and IATA Numeric code involved.*

## Section 2. Financial Information (Non-Ticketing Locations Only)

1. If your business is Home-Based (operating from your residence in accordance with local and state laws) regardless of the duration of its establishment – please provide proof that your business has \$10,000 available capital or invested in the business.
2. If your business is not Home-Based, please provide the following according to the duration of your business establishment:
  - a. less than one year in operation (new business) – please provide proof that your business has \$10,000 available capital or invested in the business.
  - b. more than one year in operation – please provide proof that your business has \$20,000 in Gross Travel Income or \$20,000 available capital, or \$200,000 in Annual Gross Sales.
3. If your business is a Corporate Travel Department (in-house travel department that purchases air transportation and travel services for its own employees and owners rather than the general public) regardless of the duration of its establishment – please provide proof that your business has \$20,000 in Gross Travel Income or \$20,000 available capital, or \$200,000 in Annual Gross Sales.

Below is a partial list of documents you can choose from to provide Proof of Financial. For a complete list, please see Section 2 of the IATAN Accreditation Requirements guide. **ONLY ONE** document will suffice. However, if needed, you can also combine several options to meet the minimum.

- a. Bank letter or bank statement that shows available balance and is dated within the last three months from submission of application
- b. Financial Statement or expense report of the business entity
- c. Previous year's Income Tax Return (not applicable for new businesses)
- d. Previous year's 1099s or W-2s paid to the business entity (not applicable for new businesses)



### Section 3. Business Ownership

#### Affidavit of Ownership

Before me, the undersigned authority, personally appeared and after being duly sworn, deposes and says:

I, \_\_\_\_\_ hereby attest to ownership of the business entity below:  
(Owner or Legal Representative - Print Name)

Legal Name of Business Entity: \_\_\_\_\_

Legal Type  Sole Proprietorship  Partnership  Limited Liability Company  Corporation  
 Nonprofit Corporation  Other \_\_\_\_\_

If the entity is a corporation, partnership, or LLC, list each individual owner and percent of ownership.

Owner (Print Name)	% Owned	Owner (Print Name)	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the business applying is owned by a corporation or another legal entity, please specify its name as well:

\_\_\_\_\_

I have read the foregoing Affidavit, and to the best of my knowledge it is true and correct. *(All owners must sign below)*

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date

#### Notary Public

State of \_\_\_\_\_, in the country of \_\_\_\_\_ on \_\_\_\_\_ day, of the \_\_\_\_\_ month, in the year of \_\_\_\_\_, before me appeared (name) \_\_\_\_\_ and stated that he/she is the (title) \_\_\_\_\_ of (name of organization) \_\_\_\_\_ and that the information provided on this form is true and correct. My commission expires on (date): \_\_\_\_\_ Notary Public: \_\_\_\_\_



## Section 4. Business Profile

1. What is the Principal Activity of your entity? (Choose one)

- |   |   |
|---|---|
| <input type="checkbox"/> Consolidator                         | <input type="checkbox"/> Group Intermediary       |
| <input type="checkbox"/> Meeting / Event / Conference Planner | <input type="checkbox"/> Retail Travel            |
| <input type="checkbox"/> Site Selector                        | <input type="checkbox"/> Tour Operator/Wholesaler |

2. Market Focus: Indicate the approximate % of your Leisure and Corporate business.

- |            |                                      |                                   |                                   |                                   |
|------------|--------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Leisure:   | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Corporate: | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |

3. What is the approximate total annual meeting & event / and or Travel industry sales of your entity?

- \$0 to \$200,000
- \$200,000 to \$500,000
- \$500,001 to \$1,000,000
- \$1,000,001 to \$5,000,000
- \$5,000,001 to \$10,000,000
- \$10,000,001 to \$25,000,000
- Over \$25,000,000

4. What is the approximate % breakdown of your total annual sales for the following?

- |                 |                                      |                                   |                                   |                                   |
|-----------------|--------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Meetings/Groups | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Air Travel      | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Cruises         | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Hotel/Motel     | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Tour Packages   | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Land Travel*    | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |

\*Land Travel includes Car Rental, Train, and Coach/Bus

5. What are the 3 Market Specialties of your entity?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> GN General         | <input type="checkbox"/> HC Historical/Cultural    | <input type="checkbox"/> AD Adventure   |
| <input type="checkbox"/> IN Incentive       | <input type="checkbox"/> CF Conference/Exhibitions | <input type="checkbox"/> ML Military    |
| <input type="checkbox"/> CP Corporate       | <input type="checkbox"/> RL Religious              | <input type="checkbox"/> CR Cruises     |
| <input type="checkbox"/> BH Resorts/Beaches | <input type="checkbox"/> ED Educational            | <input type="checkbox"/> SF Safari      |
| <input type="checkbox"/> HL Fitness/Health  | <input type="checkbox"/> SN Seniors                | <input type="checkbox"/> GA Gay/Lesbian |
| <input type="checkbox"/> SG Singles         | <input type="checkbox"/> HP Handicapped            | <input type="checkbox"/> SP Sports      |

6. What are the 3 Destination Specialties of your entity?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> AL General                 | <input type="checkbox"/> AF Africa                | <input type="checkbox"/> AH Alaska/Hawaiian Islands |
| <input type="checkbox"/> AS Asia                    | <input type="checkbox"/> AZ Australia/New Zealand | <input type="checkbox"/> GB British Isles           |
| <input type="checkbox"/> CB Caribbean               | <input type="checkbox"/> EU Europe                | <input type="checkbox"/> FR France                  |
| <input type="checkbox"/> MX Mexico                  | <input type="checkbox"/> ME Middle East           | <input type="checkbox"/> SC Scandinavia             |
| <input type="checkbox"/> SA South & Central America | <input type="checkbox"/> SP South Pacific         | <input type="checkbox"/> NA U.S.A./Canada           |



## Section 5. Personnel Registration (Travel Professional Profile Form)

This form should be completed by all Travel Professionals participating in the IATAN Registration Program and for those applying for an IATA/IATAN ID card. Make copies of this form as necessary for all owners, managers and employees that will be registered to the IATAN Personnel List. Please note that the owner or Account Administrator can register employees through our online services once the agency is accredited.

If the Travel Professional has already been registered by another Travel Agency and received a Personnel Registration ID Number (PRIN), please detail the number below. Otherwise, once this form is processed, you will receive a confirmation email with your new PRIN and a new/updated Personnel List will be emailed to the entity's email address.

### 1. Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Sex:  Male  Female

Last 4 digits of Social Security: XXX – XX – \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Tel. Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

PRIN / Verification Number: \_\_\_\_\_

Have you had a name change?  Yes  No New Name: \_\_\_\_\_

Start Date (mm/dd/yyyy): \_\_\_\_\_ (You must supply the start date with this entity)

### 2. Status Information

You must complete the status – position, duties, weekly hours and yearly earnings.

#### Position: Check one (1) box only

- "S" Sole Proprietor: On record with IATAN as the single lawful owner of 100% of the business entity
- "P" Partner – LLC: On record with IATAN as each holding at least 20% ownership of the business entity
- "C" Stockholder – INC.: On record with IATAN as owning at least 20% of the stock of the business entity
- "M" Manager: Any person holding a management position in the business entity, paid with W2's
- "E" Employee: A person routinely and regularly working as an employee and carried on payroll or disbursement records at the business entity, paid with W2's
- "I" Independent Contractor: A person who is working for the business entity pursuant to a written contract or agreement in compliance with applicable laws and regulations and with verifiable earnings or commissions reported by 1099 as per US law

#### Duties: Check one (1) box only

- "A" Administration: A person who works at the business entity processing the day to day administrative work dealing with travel, meetings and / or groups
- "I" Inside Sales: A person who works within the business entity booking travel, meetings and / or groups
- "X" Outside Sales: A person who is on the business entity payroll and / or disbursement records and works outside the business entity booking travel, meetings and / or groups



**Weekly Hours: Check one (1) box only**

- "1" A person who works for the business entity 35 hours or more per week
- "2" A person who works for the business entity 25 – 34 hours per week
- "3" A person who works for the business entity 20 – 24 hours per week
- "4" A person who works for the business entity 5 – 19 hours per week

**Yearly Earnings: Check one (1) box only**

- \$5,000 or over - as reported on W2 or 1099 from the business entity
- Under \$5,000
- 20% owner or more who does not draw salary

**3. Account Administrator Assignment (For Head Office only):**

Please complete this section if you wish to assign an account administrator once the agency is accredited. The account admin will be able to register personnel through the IATAN online portal.

Account Administrator's Full Name	Head Office IATA Code (if applying for a Branch)	PRIN or Verification # (if previously obtained)

I, THE BELOW SIGNED, HEREBY CERTIFY AND ACKNOWLEDGE:

1. That the statements made in this application are true and correct.
2. That IATAN has the right to verify, by inspection or other lawful means, that the information supplied is true and correct and, in the event, this is declined or necessary documentation is not made available, IATAN may amend or suspend registration and notify its subscribing customers.
3. That the applicant will inform IATAN promptly of any changes to information and employment status.
4. That by completing this application, the registrant will appear on the IATAN Personnel List. The owner / manager understand that the applicant may request and receive an IATA/IATAN ID card if the applicant meets the qualifications.
5. That IATAN is authorized to disclose information to industry suppliers regarding the applicant's status with the IATAN business entity at which he/she is registered, as well as the business entity status with IATAN.

SIGNATURES – both signatures are required for processing.

Signature of Applicant: \_\_\_\_\_ Printed Name of Applicant: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Printed Name of Owner: \_\_\_\_\_

PRIN / Verification # of Owner/Manager: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

**(IATAN PRIN / Verification # of Owner/Manager is needed for verification of signature)**





## Section 7. IATAN Logo License Agreement

In consideration of the mutual covenants and promises in this Agreement, the International Air Transport Association (IATA) and you agree as follows:

1. **General.** You acknowledge, for all purposes, that any and all intellectual property rights of IATA, and any goodwill or other interests or rights thereto are and shall at all times remain the exclusive property of IATA, and, unless expressly provided for in this Agreement, may not be used without the prior written consent of IATA.
2. **Grant of License.** Subject to the terms and conditions of this Agreement, IATA grants to you a non-exclusive, non-transferable, non-sublicensable, royalty-free license for the term of this Agreement to use its Certification mark (the IATAN Logo, a "Licensed Certification mark", depicted in Exhibit 1) solely for the purposes of those activities provided for in this Agreement and Exhibit 1, which Exhibit may be amended by IATA from time to time (Usage Guidelines for the "Accredited by IATAN" Logo) attached hereto and forming part of this Agreement.
3. **Use of the Licensed Certification mark.** You agree to use the Licensed Certification mark only in the manner outlined in Exhibit 1 hereto, and if for any other use, in the manner approved in advance and in writing by IATA. Without prejudice to the other provisions of this Agreement, you shall, when using the Licensed Certification mark:
  - ensure that the use is not detrimental or harmful to IATA and/or the Licensed Certification mark (or its corresponding registration) and does not damage the goodwill in the Licensed Certification mark;
  - ensure that the Licensed Certification mark is used in a manner which significantly distinguishes it from any surrounding adjacent text or Certification marks; and
  - ensure that all advertising, promotional and other materials display a legend in a sufficiently prominent place indicating that the Licensed Certification mark "is the property of IATA and is used under license" or such other similar words to that effect as the Parties may agree.
4. **Quality Standards.** You agree that when using the Licensed Certification mark as contemplated by this Agreement, including, but not limited to, in all advertising and promotional materials, such use shall meet the quality and presentation standards as set forth in Exhibit 1 or other applicable procedures manual(s) as amended from time to time or as otherwise promulgated from time to time by IATA; provided that with respect to amendments to such guidelines or procedure manuals, you shall be required to comply therewith as promptly as reasonably practicable.
5. **Goodwill.** You acknowledge that any goodwill or other interests or rights that arise as a result of your use of the Licensed Certification mark or any other intellectual property rights, as expressly permitted under this Agreement or any other agreement between the Parties, shall inure solely to the benefit of IATA and you hereby assign and convey such goodwill and other interests and rights to IATA without the payment of any consideration.
6. **Restrictions on Use.** You will not, at any time, whether during or after termination of this Agreement, use the Licensed Certification mark as part of your corporate, business or trading name or style nor will you apply for or obtain registration of the Licensed Certification mark or any confusingly similar mark or logo for any goods or services in any country of the world.



7. **Infringement.** You will promptly notify IATA in writing of any threatened, suspected or actual use by any third party of IATA's Licensed Certification mark (or any similar marks) or other intellectual property rights of which you become aware or any allegation of which you become aware that the Licensed Certification mark is invalid or infringes the intellectual property rights of any third party, and you will not make any admissions in relation to the alleged invalidity, infringement or other form of attack, but shall promptly report the matter in writing to IATA. IATA will in its absolute discretion decide whether any proceedings will be instituted or defended in relation to the Licensed Certification mark and will have the exclusive conduct of any such proceedings. You will use your reasonable endeavors to assist IATA in any such proceedings. The costs and benefits of such proceedings will be borne by IATA as owner of the Licensed Certification mark.

8. **Deficiencies.** If you use the Licensed Certification mark other than in accordance with the requirements of this Agreement, or if IATA reasonably believes that your use of the Licensed Certification mark, or your manner of conducting your operations in connection with the Licensed Certification mark risks a disparagement or other loss to IATA or the Licensed Certification mark, IATA shall provide notice to you of such deficient use and a method of cure, if applicable. Without prejudice to IATA's rights in respect of such deficiency under this Agreement or at law, you shall cure the deficiency in accordance with the method of cure proposed by IATA or by some other reasonable means at your own as soon as reasonably practicable but in any event within 7 days of the occurrence of such deficiency.

9. **Term & Termination.** This Agreement shall be effective upon the date countersigned by IATA and may be terminated by you or IATA at any time. This Agreement shall terminate automatically upon your loss or relinquishment of your IATAN accreditation. Upon termination of this Agreement, you shall fully and as promptly as reasonably practicable cease all use of the Licensed Certification mark, and shall, at the option of IATA, as promptly as reasonably practicable either return to IATA all materials related to such Licensed Certification mark or destroy such materials and certify to IATA such destruction.

10. **Indemnification.** IATA shall indemnify, defend and hold you harmless from all liabilities, losses, damages, claims, suits, recoveries, awards, judgments, executions, fines, penalties or other costs and expenses of any kind (including costs of investigation, litigation costs, court costs, expert witness fees, litigation support services costs, settlement costs and reasonable attorneys' fees), which may be made, brought or recovered by any third party against you by reason of or in any way arising out of a claim that the Licensed Certification mark infringes upon or misappropriate any intellectual property right of a third party.

11. **Governing Law.** This Agreement shall be construed and interpreted in accordance with the laws of the State of New York. I accept the terms and conditions of the IATAN Logo License Agreement.

---

Signature of Owner / Legal Representative

---

Printed Name

---

Date



## Section 8. Consent and Certification Signatures

### Consent

The applicant understands and agrees the one benefit of IATAN accreditation is the periodic receipt of travel industry and meeting & event planning related information. The undersigned on behalf of applicant hereby certifies and acknowledges that applicant consents to receive meeting & event planning and travel industry information and related facsimile communications, electronic mail communications, and direct mail communications, including material advertising the commercial availability or quality of property, goods, or services, from IATAN, IATA, and IATAN authorized licensees and their duly authorized customers, at the fax number(s) and e-mail addresses contained in this application. In order to receive this benefit of IATAN accreditation applicant consents to IATAN providing the fax number(s) and e-mail address(es) contained in this application for this purpose. By signing this written consent, I represent that I am authorized to grant consent to receive faxes, e-mails, and other communications. You may at any time opt out of this by advising IATAN in writing.

\_\_\_\_\_  
Signature of Owner / Legal Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### Certification and Acknowledgement

I, the undersigned, hereby certify and acknowledge:

1. I am authorized by the applicant to submit this application, to supply the information thereon and to bind the applicant to the provisions contained in this application.
2. That the statements made in this application (which includes any attachment hereto) are true and correct to the best of my knowledge and that IATAN has the right to verify, by inspection or other lawful means that the information supplied is true and correct.
3. That the applicant, or any person holding a financial or ownership interest in the business, or any manager who exercises daily supervision over the operations of the business, has read and understood the IATAN Accreditation Requirements for accreditation, responsibilities and the notices and consents in effect at the time application is submitted.
4. That the applicant will inform IATAN promptly of any changes in ownership, location, name or key personnel of the organization, will inform IATAN of changes in all other information requested herein as they occur, and will respond at any time to a request by IATAN for supplementary information that IATAN requires to verify that its records on the applicant remain current and accurate.
5. That the applicant accepts the terms and conditions of the IATAN Logo License Agreement.
6. The non-refundable application fee is payable upon submission of the application. An Annual Service Fee will be billed to the IATA numeric code holder on an annual basis. Failure to pay the Annual Service Fee by the due date will result in cancellation of the assigned IATA numeric code.
7. That the IATA numeric codes are and shall at all times remain the property of IATA. Such codes shall not be lent, subcontracted or hired to a third party.
8. Neither shall such codes be used either as a form of identification or other purpose on a proprietary product without express authorization to do so by IATAN.
9. The applicant agrees to comply with supplier's terms and conditions and instructions for the sale of suppliers' products and services. The applicant also agrees to make only such representations as authorized by such suppliers.
10. That there are no pending or unresolved complaints against the applicant at state or local consumer affairs offices.
11. That the applicant is in compliance with all federal, state, county or local registration and/or licensing requirements.
12. That IATAN is authorized to release the information contained herein supplied by the applicant to any industry supplier that may wish to use the applicant's services.
13. That the applicant will comply on an ongoing basis with the IATAN Accreditation Requirements.
14. The applicant acknowledges and accepts that any disputes arising in connection with this application for accreditation or IATAN's later enforcement of the accreditation criteria must be referred to the Travel Agency Commissioner for a final resolution which will be binding on both parties and be in lieu of any recourse to the courts.

\_\_\_\_\_  
Signature of Owner / Legal Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### Notary Public

State of \_\_\_\_\_, in the country of \_\_\_\_\_ on \_\_\_\_ day, of the \_\_\_\_\_ month, in the year of \_\_\_\_\_, before me appeared (name) \_\_\_\_\_ and stated that he/she is the (title) \_\_\_\_\_ of (name of organization) \_\_\_\_\_ and that the information provided on this form is true and correct. My commission expires on (date): \_\_\_\_\_ Notary Public: \_\_\_\_\_



## Section 9. Checklist

Use the below Checklist to ensure you have included all required documentation. This will expedite the process.

### Documentation Required for All Businesses:

(Please see IATAN Accreditation Requirements for details on the documents required)

- Completed, Signed, and Notarized** IATAN Accreditation Application
- Proof of Ownership and Legal Form of Business
- Proof of Current Business License
- Seller of Travel Registration (where applicable)
- Proof of two years of experience for QMP/QTA
- Online Payment** (instructions will be e-mailed once forms and documents are received)

For Ticketing Locations Application Only	For Non-Ticketing Locations Application Only
<input type="checkbox"/> ARC Approval Letter <input type="checkbox"/> Signed and notarized IATAN Agency Agreement	<input type="checkbox"/> Proof of Financial Benchmark <input type="checkbox"/> Errors & Omissions or Professional Liability Insurance, or Errors & Omissions Waiver with proof of experience

### Documentation Submission

Please submit signed and notarized application with requested forms and documents to IATAN:

**IATA Customer Portal:** [Open a case](#)

Step 1: Login or register on the [IATA Customer Portal](#)

Step 2: Click on "Contact Us" under Support

Step 3: Select topic "Accreditation IATAN (US)" and click on "Create a Case"

Step 4: Complete the query form

Step 5: Click on "Create Case & Add Attachment"

Note: once the query case is created, you will receive an email confirmation with the case number.

Our Customer Service team shall provide a response within 1-2 business day. You may also check the status of the query case on the IATA Customer Portal.

**Hard Copy Submission:** IATAN, 703 Waterford Way, Suite 600, Miami, FL 33126