



IATAN ICB/ICE Registration Form

Definition of Terms

A Host Service Location (HSL) is an IATAN endorsed location that has been authorized by IATAN to register and request ID cards for the eligible owners, employees, and independent contractors (subagents) of an Independent Contractor Business.

An Independent Contractor Business (ICB) is an entity (Corporation, Limited Liability Company, Partnership or Sole Proprietorship) that earns revenue from an HSL from the sale of travel and travel related services. The ICB registers and requests ID Cards for its owners, employees, and independent contractors (subagents).

An Independent Contractor Employee (ICE or subagent) is an owner, employee, or independent contractor of an ICB who has met the IATAN ID card requirements.

How to Register

- Submit the ICB/ICE Registration Form. Make copies of page 3 of this form for each ICE.
- Provide a 1099 form that reflects the ICB is earning revenue from the HSL. This 1099 may be used to validate earnings of ICB owners. **Note:** Note: If the 1099 does not show the name of the owners, additional documentation must be submitted (**see page 2**)
- Provide a 1099 or W-2 form for each ICE reflecting at least \$5,000 earned in salary or commission from the ICB.

Checklist

- Complete and signed ICB/ICE Registration Form
- Payment for ICB Registration (\$95.00 per ICB)
- Page 3 for each ICE that would like to be registered and qualifies for the IATAN ID Card
- Proof of earnings for the ICB (1099 Form from the HSL to the ICB)
- Proof of earnings for each ICE (1099 or W2 from the ICB to the ICE)

Document Submission Instructions

All registration should be submitted by the **Host Service Location** 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



Section 1. General Information

This form should be completed by all Travel Professionals participating in the IATAN HSL/ICB/ICE Registration and ID Card Program. Make copies of page 3 as necessary for all owners, managers and employees that will be registered to the HSL/ICB Personnel List.

You will receive a confirmation email with your IATAN Personnel Registration ID Number (PRIN) once the form is processed, and a Personnel List will be emailed to the HSL's email address.

1. Independent Contractor Business Information

Legal Name: _____

Trade Name (DBA): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Business Email Address: _____ Business Website: _____

Ownership

Legal Type: Sole Proprietorship Partnership Corporation Limited Corporation Other _____

Owner (Print Name)	% Owned
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
If there are more than 10 owners, please attach a listing of all owners and percentages	Must total to 100%

*** Please include Proof of Ownership such as Articles of Incorporation, Articles of Organization, Business license or registration with the County Clerk's Office displaying name of sole owner(s) ***



2. Host Service Location Information

HSL IATA Numeric Code: _____

Business Legal Name: _____

Trade Name (DBA): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

HSL Contact Person

Name & Title: _____

PRIN#: _____ Email Address: _____

3. Payment Information

Complete this section to pay the ICB Registration Fee (\$95.00 per ICB)

Type of credit card: American Express Master Card Visa

Credit Card Number: _____

Expiration Date (mm/yyyy): _____

Cardholder Name: _____

Cardholder Signature: _____

4. 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 / VER 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)

Name of ICB: _____

Address: _____

City: _____ State: _____ Zip: _____



5. Status

The personnel list and ID card will display the position, duties, weekly hours and yearly earnings below.

Position: "I" Independent Contractor

Duties: "X" Outside Sales

Weekly Hours: "1" 35 working hours or more per week

Yearly Earnings: "1" \$5,000 or over

6. Employee Termination

Must be completed to delete Professionals who no longer work at the business entity.

Employee PRIN / VER Number: _____

Termination Date (mm/dd/yyyy): _____

Section 2. Acknowledgement and Signatures

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

SIGNATURES – both signatures are required for processing.

Signature of Applicant: _____ Printed Name of Applicant: _____

Signature of HSL Owner/Manager: _____ Date (mm/dd/yyyy): _____

Printed Name of HSL Owner/Manager: _____

PRIN / Verification # of Owner/Manager: _____

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