



IATAN Accreditation Amendment Form

Section 1. Business General Information

IATA Numeric Code: _____

Kindly complete this section to report a change of Tax ID, name, location, mailing address, telephone and/or fax number(s), business website, business e-mail, and / or qualifying personnel. (Please note you can now update agency information online. Please go to www.iatan.org and log on to Online Services to make changes.)

Current (after change) Information:

Tax ID Number: _____

Business Legal Name: _____

Note: If changing Legal Name, kindly go to www.iatan.org to download one the forms below:

- IATAN Agency Agreement (Doc 808) - Ticketing Location only
- IATAN Accreditation Application (Doc 205) - Non-Ticketing Location only

Trade Name (DBA): _____

Commercial Client: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if not as above): _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ ~~XXXXXXXXXXXX~~ Fax No.: _____

Business E-Mail Address: _____ Business Website: _____

Managerial Qualifier (QMP)	Name: _____	PRIN#: _____
Ticketing Qualifier (QTA) (QTA is required for Ticketing Locations only)	Name: _____	PRIN#: _____

Effective Date of Change: _____ (mm/dd/yyyy)

Does this change effect all existing locations? Yes No

Is the ownership changing? Yes No
(If Yes, additional documents are required. Please download our Change of Ownership Forms at www.iatan.org)

Section 2. Voluntary Cessation of Operations

Kindly complete this section to report the closure of the IATAN accredited location.

IATA Numeric Code: _____ Effective Date of Closure: _____ (mm/dd/yyyy)

Head Office Branch Office

If a Head Office, will all Branches also be closed? Yes No
(If No, please complete the Section 3 for Re-Designation to assign a new Head Office Location)





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Section 3. Re-Designation

Kindly complete this section to re-designate your primary Head Office Location (HO) as a Branch Office (BR), or vice versa.

Previous (before change) Information:	Current (after change) Information:
Head Office IATA Code: _____	Head Office IATA Code: _____
Branch Office IATA Code: _____	Branch Office IATA Code: _____
Business Legal Name: _____	Business Legal Name: _____
Trade Name (DBA): _____	Trade Name (DBA): _____
Physical Address: _____ _____	Physical Address: _____ _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Mailing Address (if not as above): _____	Mailing Address (if not as above): _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

Section 4. Signature of Owner or Manager

Printed Name of Owner/Manager

Signature of Owner/Manager

Date (mm/dd/yyyy)

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

Please send signed application to IATAN:

Website: <http://www.iatan.org/Pages/contact.aspx>

Email: info@iatan.org

Mail: IATAN, 703 Waterford Way, Suite 600, Miami, FL 33126

