



IATAN Accreditation Amendment Form

Current Information

Please note there is **no charge** to update this information. Once this document is returned to us, IATAN's industry suppliers and customers will be notified.

IATA numeric code: -

Head Office: Branch Office: STP:

Host IATA numeric code: -
(for STP location only)

Please review the following four (4) types of changes to see which are applicable to your situation. Enter a check mark in the appropriate box(es) and complete the corresponding section(s).

- 1: New legal and/or trade (d.b.a) name(s), location, mailing address, telephone and/or fax number(s), website address, tax id number, etc.
- 2: Re-designation of a Head Office as a Branch Office, or vice-versa
- 3: Minor stock transfer of less than 20% among existing stockholders
- 4: Voluntary Cessation of any location

1. New Information – report a change of name, location, mailing address, telephone or fax number, business website or business e-mail address, or qualifying personnel

Date Of Change / /
(mm/dd/yyyy)

Tax id Number: _____

Legal Name _____

With legal name change, has there been a change of ownership? Yes No
If Yes, retrieve [Joint Notice of Change Form](#), document #204^A

Trade (d.b.a.) Name _____

Does this change include all branches? Yes No

Commercial Client _____

If situated on the premises of a client

Physical Address _____

Building/Suite _____

City _____

State _____

Zip _____

-

Mailing Address _____

City _____

State _____

Zip _____

-

Telephone No. _____

Fax No. _____

Business E-Mail _____

Address _____

Business Website _____

Managerial Qualifier (QMP) ^B	Name: _____	PRIN or SS#: _____
Ticketing Qualifier (QTA) ^B	Name: _____	PRIN or SS#: _____
Attendant for STP	Name: _____	PRIN or SS#: _____
Host # for STP	IATA numeric code <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

^A Documents can be retrieved from IATAN's Website at www.iatan.org.

^B Use the [Travel Professional Profile](#), document #102 to register a new managerial and/or ticketing qualifier and attach a list of his/her work experience.





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Premises (complete for a change of location only)

- a) Is the location identified as offering professional travel services?
 - Yes (check all applicable boxes) No (provide a detailed explanation)
 - Yellow Pages/Tel. Directory Other (copy of web page, business card, ads, etc.)
- b) What are the company's normal business hours per week?
 - Less than 35 hours 35 hours or more
- c) Is the business accessible to the general public?
 - Yes No (provide an explanation)
 If on the premise of a customer provide the name of the commercial client _____
- d) Does the location comply with all state, municipal and local laws governing the travel business? (This includes but is not limited to zoning, sellers of travel registration certificate, registration and business license.)
 - Yes No
- e) Has ARC approved the change of location (if applicable)?
 - Yes No

2. Re-Designation – assign a new head office

Present Head Office Location (this location will be re-designated as a Branch Office)	
IATA Numeric Code <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Legal Name:	
Trade (d.b.a.) Name:	
Address:	
City:	
State:	Zip:

Present Branch Office Location (this location will be re-designated as a Head Office)	
IATA Numeric Code <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Legal Name:	
Trade (d.b.a.) Name:	
Address:	
City:	
State:	Zip:

3. Minor Stock Transfer – report a transfer of less than 20% ownership in a corporation or partnership

Prior To Change	% Owned
1.	
2.	
3.	
4.	
5.	

New	% Owned
1.	
2.	
3.	
4.	
5.	

4. Voluntary Cessation of Operations – report the closure of an agency location

IATA Numeric Code of Location to Close - Effective Date of Closure: //
(mm/dd/yyyy)

Head Office: If a Head Office, will all Branches and STP's also be closed? Yes No
 Branch Office:
 STP: *If No, please complete the Re-designation section #2 of this form to assign a new head office and/or New Information section #1 to assign a new host number to STP's.*

Signature of owner or manager PRIN OR Social Security #: --

BY FAX
 1-514-868-8858
 Attn: Accreditation Services

COURIER #A5-@B; ADDRESS
 IATAN
 1 CHA...
 T...
 ...

