





# IATAN Application And Accreditation Requirements

## ◆ 2. Ownership

Note: The applying business cannot be owned by itself – If it is owned by an entity please provide a list of stockholders/officers

If owned by a corporation, please complete this portion. If not, continue below

Name of Corporation owning this entity: \_\_\_\_\_ Percentage owned: \_\_\_\_\_

Name of owner(s)/Partners/Stockholder(s)	% Owned	Name of Owner(s)/Partners/Stockholder(s)	% Owned
1.		4.	
2.		5.	
3.		If space above is insufficient, please attach a listing of all owner(s) and their financial interest(s)	Must Total 100%

## ◆ 3. Qualifier(s)

a) For **ON-SITE LOCATIONS**, indicate if the Ticketing Qualifier is employed by:  The Applicant  Leased  Commercial Client \_\_\_\_\_ (name)





	Name (printed)	PRIN or Social Security Number (PRIN is found on the IATAN List of Personnel)	Start Date (mm/dd/yyyy)
<b>Managerial Qualifier (QMP)</b> (Min. 2 years travel experience)			
<b>Ticketing Qualifier (QTA) – if applicable</b> (Min. 1 year ticketing experience in past 3)			

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

**Name of QTA is required only if applying under our Ticketing Program.**

## Managerial Qualifier

Each **ticketing location**, including unrelated travel businesses sharing the same premises, must have at least one full time\* person authorized to make managerial decisions and exercise daily supervision of the location, who has had:

	at least two (2) years full-time employment within the last ten (10) years in a managerial position at an accredited agency** or corporate travel department, or in a passenger air transportation sales capacity at an airline; or
	at least three (3) years full-time employment within the last ten (10) years as a sales counselor at an accredited agency or corporate travel department, or in a passenger air transportation sales capacity at an airline; or
	at least four (4) years full-time employment within the last ten (10) years in a managerial position in a travel related business (such as hotel, cruise line, or tour operator) that offers travel services to the general public;
	or an acceptable combination thereof.
	<i>If the location is designated and approved by ARC as an "On-Site" branch location, the Managerial qualifier is not required. If the location is designated and approved by ARC as a Centralized Service Location (CSL), the same person may be the Managerial qualifier for up to 20 CSL IATA code numbers.</i>
	Each <b>non-ticketing</b> location must be managed by a person who devotes substantially all of their time to the affairs of the business and has had at least two (2)*** years full-time or equivalent experience within the last three (3) years in a travel sales capacity at an accredited location, corporate travel department, airline, cruise line, hotel, car rental, railroad, bus company, tour operator or other travel related business.





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## Ticketing Qualifier

Each **ticketing location**, including unrelated travel businesses sharing the same premises, 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.).

This person must have at least one (1) year full time\* experience in this field within the last three (3) years at:

an accredited agency\*\*; or  
an airline; or  
a corporate travel department;  
or an acceptable combination thereof.

**or**

has successfully passed the Certified ARC Specialist (CAS) test administered by the Airlines Reporting Corporation (ARC).  
If the location is designated and approved by ARC as an "On-Site" branch location, the Ticketing Qualifier may be an employee of the corporate client.

If the location is designated and approved by ARC as a Centralized Service Location (CSL), the same person may be the Ticketing Qualifier for up to 20 CSL IATA code numbers.

**Note:** The same person may be the Managerial and Ticketing Qualifier.

\* An employee is considered full time when he/she works 35 hours per week.

\*\* An accredited agency is a former IATA or ATC approved agency, an IATAN accredited agency, ARC industry agent or an agency approved by IATA in any other country in the world or pursuant to any domestic approval system operated by domestic airline associations in other countries of the world.

\*\*\* Reduced to one (1) year within the last three (3) years if the person has successfully completed an undergraduate degree in travel and tourism or has earned certification as a Certified Travel Counselor (CTC), a Certified Travel Industry Executive (CTIE) or as a Certified Travel Associate (CTA). (We require a copy of your degree or certification).

## ◆ 4. Premises

- a) Is the business or location identified as offering professional travel services?  Yes  No  
 If Yes: provide proof of one of the following;  Yellow Pages/Tel. Directory  Other (copy of web page, business card, ads etc...)  
 If No: attach a detailed explanation
- 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)





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## 5. Financial Requirements



### a) Ticketing — Airline Appointed Applicant must:

- I.  Provide a copy of its valid ARC bond or letter of credit as submitted to ARC.
- II.  Provide a copy of its ARC letter of approval.
- III.  If located in Puerto Rico, provide a copy of your current Public Service Commission License.



### b) Ticketing — Specific Airline Appointed Applicant must:

- I.  Provide proof of either a working capital of \$25,000 or a tangible net worth of \$30,000.
  - We require a financial statement prepared by a CPA including a compilation report.
  - NOTE; an additional \$5,000 of working capital must be shown for each additional branch.
- II.  If located in Puerto Rico, provide a copy of your current Public Service Commission License.



### c) Non-Ticketing Applicant — Which of the following best describes your business? And provide the following:

- I.  The owner(s) of the travel business has been registered with IATAN for two (2) of the past three (3) years and was eligible for an IATA/IATAN ID Card and earned at least \$20,000 in each of those two (2) years from the sale of travel and travel related services
  - We require copies of W2 or 1099 forms from an IATAN accredited business where the individual(s) was registered. Previous history will be verified using the IATAN personnel database.

or

- II.  The business is considered “Home Based” (operating from your residence in accordance with local and state laws) or the business has been in operation for less than one (1) year and the owner(s) has Invested or has committed to invest a minimum of \$10,000 in the travel business;
  - We require an actual or budgeted financial statement of the business, prepared in accordance with general accounting principles, including a signed C.P.A accountant’s compilation report, or
  - If the amount is not yet invested or appearing on a financial statement, then proof of available capital is required. This proof may be, but is not limited to, a personal financial statement or a bank letter confirming financing.

or

- III.  The business has been in operation for one (1) year or more and produced at least \$20,000 in gross travel income or \$200,000 in gross travel sales in the previous twelve (12) months;
  - We require a financial statement of the business, prepared in accordance with general accounting principles, including a signed C.P.A. accountant’s compilation report, or
  - Letters from suppliers detailing the dollar volume of sales (should total \$200,000 in gross travel sales or \$20,000 in compensation), or
  - A copy of the previous year’s income tax return of the business, or
  - A Sales Summary supported by a statement from a supplier.

### Special Notes:

Financial statement must be no more than six (6) months old and be prepared by a CPA.

Do not include personal assets. Assets not related to the operation of the business will not be considered in the evaluation.

In order to perform a satisfactory financial review, it may be necessary for IATAN to request further information on items related to the financial statement.





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### ◆ 6. General Business Requirements — The applicant attests to the fact:

- a)  That the gross travel income and gross travel sales represents no more than 15% of personal travel (applicant and family).
  - *"Family" is defined as your Spouse, Partner, Parents, Grand Parents, Mother In-law, Father in-law, Sister in-law, Brother in-law, Siblings and Children.*
  - *This is attested, certified and acknowledged through the signing and notarization of the application form.*



#### **Ticketing — Specific Airline Appointed — Holding Specific Airline Appointment must:**

- b)  Provide copy of the agreement(s) held with the specific carrier(s)



#### **Non-Ticketing must:**

- c)  Provide two (2) letters of recommendation from national or international industry suppliers or from a national travel association. (not limited to the following)
  - *American Society of Travel Agents (ASTA)*
  - *Meeting Professionals International (MPI)*
  - *National Association of Cruise Oriented Agencies (NACOA)*
  - *National Tour Association (NTA)*
  - *Society of Incentive Travel Executives (SITE)*
  - *Supplier (hotels, cruise lines, car rentals, etc.)*
- d)  Provide proof of the legal form of the business by supplying one (1) of the following (not limited to the following).
  - *We require documentation disclosing the business' Federal Tax ID Number*
  - *Copy of certificate of registration*
  - *Copy of incorporation or partnership agreement.*
- e)  Provide proof of an existing bank account by supplying one (1) of the following (not limited to the following).
  - *We require a letter from the bank confirming the existence of a business bank account*
  - *Copy of a bank statement in the name of the business.*
- f)  Provide proof of business contact information by supplying one (1) of the following (not limited to the following).
  - *Copy of a listing in the telephone or equivalent directory*
  - *Screen shot of the business's website homepage*
  - *Promotional material identifying your business*
  - *Copy of an advertisement identifying your business*
  - *Advertisement in newspaper.*
- g)  Provide proof of a valid and relevant errors and omissions or professional liability insurance policy in the legal name of the business.
  - *We require a copy of your policy showing the appropriate coverage and the amount of the policy is a business decision to be determined between the applicant and its insurance broker.*
- h)  Where applicable, provide proof of sellers of travel registration with the State.
  - *We require a copy of your Sellers of Travel State Registration.*





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## ◆ 7. Responsibilities

The Applicant will **not** be accredited or retained by IATAN when the business entity or 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, ARP 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 to 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.

## ◆ 8. Consent

The applicant understands and agrees the one benefit of IATAN accreditation is the periodic receipt of travel-related information. The undersigned on behalf of applicant hereby certifies and acknowledges that applicant consents to receive travel information and travel-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: ..... Name (*printed*): .....

## ◆ 9. Certification and Acknowledgement

**I, the undersigned, hereby certify and acknowledge:**

- i. 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.
- ii. 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.
- iii. 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 contained in this application.
- iv. 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.
- v. That the applicant accepts the terms and conditions in the IATAN Logo License Agreement attached hereto.
- vi. 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. 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.
- vii. That there are no pending or unresolved complaints against the applicant at state or local consumer affairs offices.
- viii. That the applicant is in compliance with all federal, state, county or local registration and/or licensing requirements.
- ix. 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.
- x. That the applicant will comply on an ongoing basis with the IATAN Accreditation Requirements.
- xi. 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: ..... Date: .....





## IATAN Application And Accreditation Requirements

### ◆ Notary Public

State of ....., in the county of ..... on ..... day, of  
the ..... month, in the year of ....., (name) .....  
appeared before me and stated that they are the (owner/title) ..... of (name of organization) .....,  
and that the information provided on this form is true and correct.

My commission expires on: ..... Notary Public: .....  
(mm/dd/yyyy)

Please allow approximately 6 weeks for processing.  
Once completed please return by mail or courier to: 703 Waterford Way, Suite 600 Miami, Florida, USA 33126

