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IATAN Conversion Application
Ticketing to Non-Ticketing

Section 1. Business General Information *(please print)*

IATA Numeric Code: ……..

Application is for: ☐ Head Office ☐ Branch Office
If this application is for a branch office, provide Head Office IATA Numeric Code: ……..

Previous (before change) Information:	**Current (after change) Information:**
Tax ID Number: …….	Tax ID Number: …….
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: …….

Qualifiers:

	Name	**PRIN or Verification #**	**Industry Start Date (mm/dd/yyyy)**
Managerial Qualifier (QMP)			

Ownership:
Legal Type: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ L.C./L.L.C ☐ Other ……

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

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

Do you have Errors & Omissions or Professional Liability Insurance? ☐ Yes ☐ No
(Please see Section 2 of the IATAN Conversion Requirements for documents required)

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Section 2. 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. 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.
8. That there are no pending or unresolved complaints against the applicant at state or local consumer affairs offices.
9. That the applicant is in compliance with all federal, state, county or local registration and/or licensing requirements.
10. 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.
11. That the applicant will comply on an ongoing basis with the ***IATAN Accreditation Requirements***.
12. 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 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 (date): ..... Notary Public:.....

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Section 3. Errors and Omissions Insurance

Errors & Omissions Waiver

(Affirmation of reliability of the entity's actions)

1. I, ……,……
(Printed Name)

Owner/Legal Representative of ……..
(Entity Name)

located at ……
(Business Physical Address)

IATA Numeric Code (if applicable): …….

2. ☐ I have reached the age of majority.

3. ☐ I am the Owner or Legal Representative of the business entity.

4. ☐ I have at least five (5) years full-time experience within the last ten (10) years as a travel professional ***or*** meeting / event planner professional and have provided required proof of experience to IATAN, ***or***

   ☐ I have earned certification in at least one of the following and have provided a copy of my certification to IATAN:
   - ☐ Certified Travel Associate Program (CTA)
   - ☐ Certified Meeting Professional (CMP)
   - ☐ Certification in Meeting Management (CMM)
   - ☐ Certified Special Events Professional (CSEP)

5. ☐ I am dedicated to the promotion of commercial ethics and maintain a professional business environment within the travel, meeting and / or event planning community.

I have read the foregoing Affidavit, and to the best of my knowledge it is true and correct.

……	……	…….…
Signature of Owner / Legal Representative	Printed Name	Date

Notary Public

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

My commission expires on (date): ..... Notary Public: .....

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