



# IATAN Conversion Application from a Non-Ticketing to a Ticketing Location

## 1. Applicant Identification

<b>IATA Numeric Code:</b> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <b>Current Information</b>  <b>Legal Name:</b>  <b>DBA Name:</b>  <b>Phys Address:</b>  <b>Mail Address:</b>  <b>Owners:</b>  <b>Tel:</b>  <b>Fax:</b>	This application is for a: <input type="checkbox"/> Head Office      If this application is for a branch office, please provide head office IATA numeric code <input type="checkbox"/> Branch Office  <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <input type="checkbox"/> Yes <input type="checkbox"/> No      Provided a copy of your ARC bond or letter of credit.  <input type="checkbox"/> Yes <input type="checkbox"/> No      Provided a copy of your ARC approval letter.  <input type="checkbox"/> Yes <input type="checkbox"/> No      Completed the Agency Agreement.
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## 2. Personnel

Managerial Qualifier (QMP) ( <i>print</i> )	Social Security Number or IATAN PRIN #	Start Date ( <i>mm/dd/yyyy</i> )
Technical Qualifier ( <i>print</i> )	Social Security Number or IATAN PRIN #	Start Date ( <i>mm/dd/yyyy</i> )

## 3. 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.

Owner's Signature: \_\_\_\_\_ Name (Printed): \_\_\_\_\_

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: \_\_\_\_\_ (mm/dd/yyyy)      Notary Public: \_\_\_\_\_

