



Host Service Location (HSL) Annual Affidavit

IATA Numeric Code: _____

Before me the undersigned authorities, personally appeared and after being duly sworn did depose and say:

1. I am _____ an employee of _____, located
(Independent Contractor Employee) (Independent Contractor Business)
at _____ . I certify that I work at the location full-time, dedicated 100% to its travel business.
(ICB Address)

Signature of Agent: _____

I am _____ an employee of _____, located
(Independent Contractor Employee) (Independent Contractor Business)
at _____ . I certify that I work at the location full-time, dedicated 100% to its travel business.
(ICB Address)

Signature of Agent: _____

I am _____ an employee of _____, located
(Independent Contractor Employee) (Independent Contractor Business)
at _____ . I certify that I work at the location full-time, dedicated 100% to its travel business.
(ICB Address)

Signature of Agent: _____

I am _____ an employee of _____, located
(Independent Contractor Employee) (Independent Contractor Business)
at _____ . I certify that I work at the location full-time, dedicated 100% to its travel business.
(ICB Address)

Signature of Agent: _____

I am _____ an employee of _____, located
(Independent Contractor Employee) (Independent Contractor Business)
at _____ . I certify that I work at the location full-time, dedicated 100% to its travel business.
(ICB Address)

Signature of Agent: _____

2. I am an official (Owner, President, Vice President, etc.) of _____
(Independent Contractor Business)
I have reached the age of majority and certify that the facts stated in 1 above are true.

3. I am an official (Owner, President, Vice President, etc.) of _____
(Host Service Location)
I have reached the age of majority and I certify the facts stated in 1 and 2 above are true.

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

Host Service Location Official (HSL)

Independent Contractor Official (ICB)

Printed Name

Printed Name

Signature

Date

Signature

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: _____

