



IATAN Professional Profile Form

This form should be completed by all Travel and Meeting / Event Professionals participating in the IATAN Registration Program and for those applying for an IATA/IATAN ID Card.

Once registered, you will receive a confirmation email with your IATAN Personnel Registration ID Number (PRIN) and a Personnel List will be emailed to the entity's email address.

1. PERSONAL INFORMATION

First & Last Name: _____

Date of Birth (mm/dd/yyyy): _____ Sex: Male Female

Social Security: _____

Email Address: _____

Residence of Applicant: City: _____ State: _____

For Professional already registered with IATAN: PRIN # _____

Have you had a name change? Yes No New Name: _____

2. LOCATION INFORMATION

Provide the IATA Numeric Code and name of the accredited location where you are currently employed (if applicable).

IATA Numeric Code: -

Start Date (mm/dd/yyyy): _____ (You must supply the start date with this entity)

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Is this a transfer within the same legal entity? Yes No (Transfer within the same Head Office)

3. STATUS INFORMATION – You must complete the status – position, duties, weekly hours and yearly earnings.

POSITION: Check one (1) box only

- "S" **Sole Proprietor:** On record with IATAN as the single lawful owner of 100% of the business entity
- "P" **Partner – LLC:** On record with IATAN as each holding at least 20% ownership of the business entity
- "C" **Stockholder – INC.:** On record with IATAN as owning at least 20% of the stock of the business entity
- "M" **Manager:** Any person holding a management position in the business entity, paid with W2's
- "E" **Employee:** A person routinely and regularly working as an employee and carried on payroll or disbursement records at the business entity, paid with W2's
- "I" **Independent Contractor:** A person who is working for the business entity pursuant to a written contract or agreement in compliance with applicable laws and regulations and with verifiable earnings or commissions reported by 1099 as per US law

DUTIES: Check one (1) box only

- "A" **Administration:** A person who works at the business entity processing the day to day administrative work dealing with travel, meetings and / or groups
- "I" **Inside Sales:** A person who works within the business entity booking travel, meetings and / or groups
- "X" **Outside Sales:** A person who is on the business entity payroll and / or disbursement records and works outside the business entity booking travel, meetings and / or groups





IATAN Professional Profile Form

WEEKLY HOURS: Check one (1) box only

- "1" A person who works for the business entity **35 hours or more per week**
- "2" A person who works for the business entity **25 – 34 hours per week**
- "3" A person who works for the business entity **20 – 24 hours per week**
- "4" A person who works for the business entity **5 – 19 hours per week**

YEARLY EARNINGS: Check one (1) box only

- \$5,000 or over** - as reported on W2 or 1099 from the business entity
- Under \$5,000**
- 20% owner or more** who does not draw salary

4. **DELETION** – Must be completed by the owner/manager to delete Professionals who no longer work at the business entity.

Termination Date (mm/dd/yy): _____

I, THE BELOW SIGNED, HEREBY CERTIFY AND ACKNOWLEDGE:

1. That the statements made in this application are true and correct.
2. That IATAN has the right to verify, by inspection or other lawful means, that the information supplied is true and correct and in the event this is declined or necessary documentation is not made available, IATAN may amend or suspend registration and notify its subscribing customers.
3. That the applicant will inform IATAN promptly of any changes to information and employment status.
4. That by completing this application, the registrant will appear on the IATAN Personnel List. The owner / manager understands that the applicant may request and receive an IATA/IATAN ID Card if the applicant meets the qualifications.
5. That IATAN is authorized to disclose information to industry suppliers regarding the applicant's status with the IATAN business entity at which he/she is registered, as well as the business entity status with IATAN.

SIGNATURES – both signatures are required for processing.

Signature of Applicant: _____
(Applicant signature is required)

Signature of Owner/Manager: _____
(Owner/Manger signature is required)

PRIN: _____ Social Security: _____ Date (mm/dd/yy): _____

(IATAN PRIN# or Social Security of Owner/Manager needed for verification of signature)

Once completed, please fax to (514) 868-8858 or mail/courier to 703 Waterford Way, Suite 600, Miami, FL 33126 USA

Please allow approximately 6 weeks for processing.

