



## IATAN Accreditation Amendment Form

### Section 1. Business General Information

Current (after change) Information:

IATA Numeric Code: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Business Legal Name: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_

Commercial Client: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if not as above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Business E-Mail Address: \_\_\_\_\_ Business Website: \_\_\_\_\_

Managerial Qualifier (QMP) (QMP is required for all type of locations)	Name: _____	PRIN#: _____
Ticketing Qualifier (QTA) (QTA is required for ticketing locations only)	Name: _____	PRIN#: _____

**If QMP changed, supporting Proof of Experience for new QMP must be provided.**

Effective Date of Change: \_\_\_\_\_ (mm/dd/yyyy)

Does this change affect all existing locations?  Yes  No



## Section 2. Current Ownership

Legal Type:  Sole Proprietorship  Partnership  Corporation  L.C./L.L.C  Other \_\_\_\_\_

Owner (Print Name)	% Owned	Owner (Print Name)	% Owned
		<i>If there are more than 5 owners, please attach a listing of all owners and percentage</i>	<i>Must Total 100%</i>

If the business applying is owned by a Corporation or another legal entity, please complete this portion:

Name of Corporation or legal entity owning this business: \_\_\_\_\_ % Owned: \_\_\_\_\_  
*(Please see Section 1 of the IATAN Accreditation Requirements for legal documentation required)*

## Section 3. Signature of Owner or Manager and Notary Public

\_\_\_\_\_  
Printed Name of Owner/Manager

\_\_\_\_\_  
Signature of Owner/Manager

\_\_\_\_\_  
PRIN / Verification # of Owner/Manager  
(Required for verification purposes)

\_\_\_\_\_  
Date (mm/dd/yyyy)

### 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: \_\_\_\_\_

Please send signed and notarized application to IATAN:  
Website: <http://www.iatan.org/Pages/contact.aspx>  
Email: [info@iatan.org](mailto:info@iatan.org)  
Mail: IATAN, 703 Waterford Way, Suite 600, Miami, FL 33126