



IATAN Accreditation Application

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

IATA Numeric Code (if known): _____

Business Legal Name: _____ Tax ID Number: _____

Trade Name (DBA): _____

The business shall not have a name that is the same as, or misleadingly similar to: International Airlines Travel Agent Network (IATAN), International Air Transport Association (IATA), an IATAN customer airline or Aviation Industry Reporting System Inc. (AIRS).

Physical Address: *(include suite, floor, name of building or shopping center)* _____

City: _____ State: _____ Zip: _____

Mailing Address *(if not as above)*: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ ~~Facsimile~~ Fax No.: _____

Business E-Mail Address: _____ Business Website: _____

Date business established: _____ (mm/dd/yyyy)

(Please see Section 1 of the IATAN Accreditation Requirements for explanation of business license or registration required)

Application is for: Head Office Branch Office

If this application is for a branch office, provide Head Office IATA Numeric Code: _____

Location Category:

- Travel Agency Meeting / Event Planner Tour Operator Site Selector
- Group Intermediary Web Intermediary Cruise Intermediary Centralized Service Location
- Corporate Travel Department Corporate Client Location (Other specify) _____

Number of employees: _____

Does the entity hold airline appointments or issue airline tickets? Yes No

(If Yes, please see Section 3 of the IATAN Accreditation Requirements for documents required)

(If No, please see Section 2 of the IATAN Accreditation Requirements for documents required)

Is your business considered home based? Yes No

Is the business accessible to the general public? Yes No

What are the company's normal business hours per week? Less than 35 hours 35 hours or more

Do you have a Seller of Travel State Registration? Yes No

(Please see Section 1 of the IATAN Accreditation Requirements for a list of states where the Seller of Travel Registration is required)

Brand of Reservation System (CRS / GDS): _____





IATAN Accreditation Application

Section 1. Business General Information (con't)

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.		<i>If there are more than 5 owners, please attach a listing of all owners and percentages</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)

Qualifiers:

	Name	PRIN or Verification #	Industry Start Date (mm/dd/yyyy)
Managerial Qualifier (QMP)			
Ticketing Qualifier (QTA) <i>(QTA is required for Ticketing Locations only)</i>			

(Please see Section 1 of the IATAN Accreditation Requirements for proof of experience required)

Responsibilities:

The Applicant will not be accredited or retained by IATAN when the business entity, any person(s) holding a financial or ownership interest in the business or any manager who exercises daily supervision over the operation of the business has:

- Yes* No been found within the last ten (10) years by a court of competent jurisdiction to have violated any fiduciary obligation or committed an act of fraud, embezzlement or similar activity.
- Yes* No been involved in the financial management of an accredited location which has been removed from IATA or ARC on grounds of default, unless it is determined that such travel agent, person or manager did not participate in the acts or omissions that caused such default.
- Yes* No made a misleading statement or representation to obtain or retain this accreditation.
- Yes* No improperly used an IATAN or IATA registered trademark or service mark.
- Yes* No falsely identified the business as holding industry credentials or memberships not limited to IATA or IATAN.
- Yes* No lent, subcontracted or hired from a third party an IATA numeric code, or used the IATA numeric code as a form of identification or other purpose on a proprietary product without express authorization to do so by IATA.

** If Yes, please include a written explanation giving details including the name of the individual and IATA Numeric code involved.*





IATAN Accreditation Application

Section 1. Business General Information (con't)

Affidavit of Ownership

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

I, _____ hereby attest to ownership of the business entity below:
(Owner or Legal Representative - Print Name)

Legal Name of Business Entity: _____

IATA Numeric Code: _____

Legal Type is: Sole Proprietorship Partnership Corporation L.C./L.L.C Other _____

If the entity is a corporation, partnership or LLC, list each individual owner and percent of ownership:

Owner (Print Name)	% Owned	Owner (Print Name)	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have read the foregoing Affidavit, and to the best of my knowledge it is true and correct. **(All owners must sign below)**

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	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: _____





IATAN Accreditation Application

Section 2. Business Profile

1. What is the Principal Activity of your entity? (choose one)

- | | |
|---|---|
| <input type="checkbox"/> Retail Travel | <input type="checkbox"/> Group Intermediary |
| <input type="checkbox"/> Tour Operator/Wholesaler | <input type="checkbox"/> Site Selector |
| <input type="checkbox"/> Meeting / Event / Conference Planner | <input type="checkbox"/> Consolidator |

2. Market Focus: Indicate the approximate % of your Leisure and Corporate business.

- | | | | | |
|-----------|--------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Leisure | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Corporate | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |

3. What is the approximate total annual meeting & event / and or Travel industry sales of your entity?

- \$0 to \$200,000
- \$200,000 to \$500,000
- \$500,001 to \$1,000,000
- \$1,000,001 to \$5,000,000
- \$5,000,001 to \$10,000,000
- \$10,000,001 to \$25,000,000
- Over \$25,000,000

4. What is the approximate % breakdown of your total annual sales for the following?

- | | | | | |
|-----------------|--------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Meetings/Groups | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Air Travel | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Cruises | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Hotel/Motel | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Tour Packages | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |
| Land Travel* | <input type="checkbox"/> 25% or Less | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> Over 75% |

*Land Travel includes Car Rental, Train, and Coach/Bus

5. What are the 3 Market Specialties of your entity?

- | | | |
|-------|----------------------------------|-------------------------------|
| _____ | GN General | HC Historical/Cultural |
| _____ | AD Adventure | IN Incentive |
| _____ | CF Conference/Exhibitions | ML Military |
| _____ | CP Corporate | RL Religious |
| _____ | CR Cruises | BH Resorts/Beaches |
| _____ | ED Educational | SF Safari |
| _____ | HL Fitness/Health | SN Seniors |
| _____ | GA Gay/Lesbian | SG Singles |
| _____ | HP Handicapped | SP Sports |

6. What are the 3 Destination Specialties of your entity?

- | | | |
|-------|-----------------------------------|-----------------------------------|
| _____ | AL General | FR France |
| _____ | AF Africa | MX Mexico |
| _____ | AH Alaska/Hawaiian Islands | ME Middle East |
| _____ | AS Asia | SC Scandinavia |
| _____ | AZ Australia/New Zealand | SA South & Central America |
| _____ | GB British Isles | SP South Pacific |
| _____ | CB Caribbean | NA U.S.A./Canada |
| _____ | EU Europe | |





IATAN Accreditation Application

Section 3. Personnel Registration (Travel Professional Profile Form Doc #102)

This form should be completed by all Travel Professionals participating in the IATAN Registration Program and for those applying for an IATA/IATAN ID card. Make copies of this form as necessary for all owners, managers and employees that will be registered to the IATAN Personnel List. Please note that the owner or Account Administrator can register employees through our online services once the agency is accredited.

You will receive a confirmation email with your IATAN Personnel Registration ID Number (PRIN) once the form is processed, and a Personnel List will be emailed to the entity's email address.

1. Personal Information

First & Last Name: _____

PRIN / Verification #: _____

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

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

Last four digits of Social Security: XXX – XX – _____

Email Address: _____

Business Telephone Number: _____ Mobile Number: _____

Residence of Applicant: City: _____ State: _____

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: _____

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 Accreditation Application

Section 3. Personnel Registration (con't)

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. Account Administrator Assignment (For Head Office only):

Please complete this section if you wish to assign an account administrator once the agency is accredited. The account admin will be able to register personnel through the IATAN online portal.

Name	Head Office IATA Code:	PRIN or Verification #

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 understand 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: _____ Printed Name of Applicant: _____

Signature of Owner: _____ Printed Name of Owner: _____

PRIN / Verification # of Owner/Manager: _____ Date (mm/dd/yy): _____

(IATAN PRIN / Verification # of Owner/Manager is needed for verification of signature)





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Section 4. Financial Information (Non-Ticketing Locations only)

Which of the following best describes your business?

- Home Based** (operating from your residence in accordance with local and state laws) **and/or New Business** (business has been in operation for less than one year).
 - **Financial Criteria: \$10,000 Available Capital and/or Invested in the business.**

- Travel Business or Meeting and Event Planner Entity** (business has been in operation for more than one year).
 - **Financial Criteria: \$20,000 in Gross Travel Income, or \$20,000 Available Capital, or \$200,000 in Annual Gross Sales.**

- CTD – Corporate Travel Department** (in-house travel department that purchases air transportation and travel services for its own employees and owners rather than the general public)
 - **Financial Criteria: \$200,000 in Annual Travel Expenses.**

(Please see Section 2 of the IATAN Accreditation Requirements for proof of Financial Criteria required)

Section 5. Errors and Omissions Insurance (Non-Ticketing Locations only)

Do you have Errors & Omissions or Professional Liability Insurance? Yes No

(If Yes, please see Section 2 of the IATAN Accreditation Requirements for additional documents required)

(If No, please complete the Errors & Omissions Waiver on the next page and see Section 2 of the IATAN Accreditation Requirements for additional documents required)





IATAN Accreditation Application

Section 5. Errors and Omissions Insurance (con't)

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 5 (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 (CTA)
- Certified Travel Counselor (CTC)
- 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: _____





IATAN Accreditation Application

Section 6. IATAN Logo License Agreement

In consideration of the mutual covenants and promises in this Agreement, the International Air Transport Association (IATA) and you agree as follows:

1. **General.** You acknowledge, for all purposes, that any and all intellectual property rights of IATA, and any goodwill or other interests or rights thereto are and shall at all times remain the exclusive property of IATA, and, unless expressly provided for in this Agreement, may not be used without the prior written consent of IATA.

2. **Grant of License.** Subject to the terms and conditions of this Agreement, IATA grants to you a non-exclusive, non-transferable, non-sublicensable, royalty-free license for the term of this Agreement to use its Certification mark (the IATAN Logo, a "Licensed Certification mark", depicted in Exhibit 1) solely for the purposes of those activities provided for in this Agreement and Exhibit 1, which Exhibit may be amended by IATA from time to time ([Usage Guidelines for the "Accredited by IATAN" Logo](#)) attached hereto and forming part of this Agreement.

3. **Use of the Licensed Certification mark.** You agree to use the Licensed Certification mark only in the manner outlined in Exhibit 1 hereto, and if for any other use, in the manner approved in advance and in writing by IATA. Without prejudice to the other provisions of this Agreement, you shall, when using the Licensed Certification mark:

- ensure that the use is not detrimental or harmful to IATA and/or the Licensed Certification mark (or its corresponding registration) and does not damage the goodwill in the Licensed Certification mark;
- ensure that the Licensed Certification mark is used in a manner which significantly distinguishes it from any surrounding adjacent text or Certification marks; and
- ensure that all advertising, promotional and other materials display a legend in a sufficiently prominent place indicating that the Licensed Certification mark "is the property of IATA and is used under license" or such other similar words to that effect as the Parties may agree.

4. **Quality Standards.** You agree that when using the Licensed Certification mark as contemplated by this Agreement, including, but not limited to, in all advertising and promotional materials, such use shall meet the quality and presentation standards as set forth in Exhibit 1 or other applicable procedures manual(s) as amended from time to time or as otherwise promulgated from time to time by IATA; provided that with respect to amendments to such guidelines or procedure manuals, you shall be required to comply therewith as promptly as reasonably practicable.

5. **Goodwill.** You acknowledge that any goodwill or other interests or rights that arise as a result of your use of the Licensed Certification mark or any other intellectual property rights, as expressly permitted under this Agreement or any other agreement between the Parties, shall inure solely to the benefit of IATA and you hereby assign and convey such goodwill and other interests and rights to IATA without the payment of any consideration.

6. **Restrictions on Use.** You will not, at any time, whether during or after termination of this Agreement, use the Licensed Certification mark as part of your corporate, business or trading name or style nor will you apply for or obtain registration of the Licensed Certification mark or any confusingly similar mark or logo for any goods or services in any country of the world.

7. **Infringement.** You will promptly notify IATA in writing of any threatened, suspected or actual use by any third party of IATA's Licensed Certification mark (or any similar marks) or other intellectual property rights of which you become aware or any allegation of which you become aware that the Licensed Certification mark is invalid or infringes the intellectual property rights of any third party, and you will not make any admissions in relation to the alleged invalidity, infringement or other form of attack, but shall promptly report the matter in writing to IATA. IATA will in its absolute discretion decide whether any proceedings will be instituted or defended in relation to the Licensed Certification mark and will have the exclusive conduct of any such proceedings. You will use your reasonable endeavors to assist IATA in any such proceedings. The costs and benefits of such proceedings will be borne by IATA as owner of the Licensed Certification mark.





IATAN Accreditation Application

Section 6. IATAN Logo License Agreement (con't)

8. **Deficiencies.** If you use the Licensed Certification mark other than in accordance with the requirements of this Agreement, or if IATA reasonably believes that your use of the Licensed Certification mark, or your manner of conducting your operations in connection with the Licensed Certification mark risks a disparagement or other loss to IATA or the Licensed Certification mark, IATA shall provide notice to you of such deficient use and a method of cure, if applicable. Without prejudice to IATA's rights in respect of such deficiency under this Agreement or at law, you shall cure the deficiency in accordance with the method of cure proposed by IATA or by some other reasonable means at your own as soon as reasonably practicable but in any event within 7 days of the occurrence of such deficiency.

9. **Term & Termination.** This Agreement shall be effective upon the date countersigned by IATA and may be terminated by you or IATA at any time. This Agreement shall terminate automatically upon your loss or relinquishment of your IATAN accreditation. Upon termination of this Agreement, you shall fully and as promptly as reasonably practicable cease all use of the Licensed Certification mark, and shall, at the option of IATA, as promptly as reasonably practicable either return to IATA all materials related to such Licensed Certification mark, or destroy such materials and certify to IATA such destruction.

10. **Indemnification.** IATA shall indemnify, defend and hold you harmless from all liabilities, losses, damages, claims, suits, recoveries, awards, judgments, executions, fines, penalties or other costs and expenses of any kind (including costs of investigation, litigation costs, court costs, expert witness fees, litigation support services costs, settlement costs and reasonable attorneys' fees), which may be made, brought or recovered by any third party against you by reason of or in any way arising out of a claim that the Licensed Certification mark infringes upon or misappropriate any intellectual property right of a third party.

11. **Governing Law.** This Agreement shall be construed and interpreted in accordance with the **laws of the State of New York.**

I accept the terms and conditions of the IATAN Logo License Agreement.

Signature of Owner / Legal Representative

Printed Name

Date





IATAN Accreditation Application

Section 7. Consent and Certification Signatures

Consent

The applicant understands and agrees the one benefit of IATAN accreditation is the periodic receipt of travel industry and meeting & event planning related information. The undersigned on behalf of applicant hereby certifies and acknowledges that applicant consents to receive meeting & event planning and travel industry information and related facsimile communications, electronic mail communications, and direct mail communications, including material advertising the commercial availability or quality of property, goods, or services, from IATAN, IATA, and IATAN authorized licensees and their duly authorized customers, at the fax number(s) and e-mail addresses contained in this application. In order to receive this benefit of IATAN accreditation applicant consents to IATAN providing the fax number(s) and e-mail address(es) contained in this application for this purpose. By signing this written consent, I represent that I am authorized to grant consent to receive faxes, e-mails and other communications. You may at any time opt out of this by advising IATAN in writing.

Signature of Owner / Legal Representative

Printed Name

Date

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. The applicant agrees to comply with supplier's terms and conditions and instructions for the sale of suppliers' products and services. The applicant also agrees to make only such representations as authorized by such suppliers.
9. That there are no pending or unresolved complaints against the applicant at state or local consumer affairs offices.
10. That the applicant is in compliance with all federal, state, county or local registration and/or licensing requirements.
11. 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.
12. That the applicant will comply on an ongoing basis with the **IATAN Accreditation Requirements**.
13. 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 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: _____





IATAN Accreditation Application

Section 8. Checklist

Documentation Required for All Businesses:

(Please see Section 1 of the IATAN Accreditation Requirements for documents required)

- Complete, Signed, and Notarized IATAN Accreditation Application (Doc 205)
- Online Payment (instructions will be e-mailed once forms and documents are received)
- Proof of Current Business License
- Proof of Ownership and Legal Form of Business
- Seller of Travel Registration
- Proof of two years of experience for QMP/QTA

Non - Ticketing Locations (additional documents):

(Please see Section 2 of the IATAN Accreditation Requirements for documents required)

- Proof of Financial Benchmarks
 - Home Based and/or New Business (less than one year in operation)
 - Travel Business or Meeting Planner Entity (more than one year in operation)
 - CTD (Corporate Travel Department)
- Errors & Omissions or Professional Liability Insurance, **or** Errors & Omissions Waiver with proof of two years of experience.

Ticketing Locations - Airline Appointed (additional documents):

(Please see Section 3 of the IATAN Accreditation Requirements for documents required)

- Signed and notarized IATAN Agency Agreement (Doc 808) (Only needed for Head Office)
- ARC Approval Letter

Please send signed and notarized application with requested forms / documents to IATAN:

Website: <http://www.iatan.org/Pages/contact.aspx>

Email: info@iatan.org

Mail: IATAN, 703 Waterford Way, Suite 600, Miami, FL 33126

