



IATAN Accreditation Amendment Form

Section 1. Business General Information

Complete this section to report a change of trade name, tax ID, location, mailing address, telephone and/or fax number(s), business website, business e-mail, and / or qualifying personnel. **Please note you can instantly update all these online via [Online Services](#).** To report a change of business legal name, please complete form 203.

Current (after change) Information

IATA Numeric Code: _____ Tax ID Number: _____

Business Legal Name: _____

Trade Name (DBA): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if not as above): _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

Business Website: _____ Business E-Mail Address: _____

Effective Date of Change: _____ (mm/dd/yyyy) Does this change affect all existing locations? Yes No

Qualifiers

Managerial Qualifier (QMP)	Name:	PRIN#:
<small>QMP: Required for ticketing and non-ticketing locations. Each location must be managed by a person who devotes substantially all of their time to the affairs of the business (person authorized to make managerial decisions and exercise daily supervision of the location). In addition, the QMP must have 2 or more years of experience in travel sales capacity or has earned an industry certification. (If QMP changed, supporting Proof of Experience for new QMP must be provided. Please see Section 1 of the IATAN Accreditation Requirements for proof of experience required)</small>		
Ticketing Qualifier (QTA)	Name:	PRIN#:
<small>QTA: Required for ticketing locations only. Each ticketing location must have at least one full time* person who performs or supervises the performance of all technical aspects of selling commercial air transportation (i.e. making reservations, issuing tickets, assigning seats, generating other traffic documents, etc.</small>		

Section 2. Voluntary Cessation of Operations

Kindly complete this section to report the closure of the IATAN accredited location.

IATA Numeric Code: _____ Effective Date of Closure: _____ (mm/dd/yyyy)

Head Office Branch Office If a Head Office, will all Branches also be closed? Yes No

(If No, please complete the Section 3 for Re-Designation to assign a new Head Office Location)



