



For Office Use Only

Application For Accreditation as a Travel Sales Intermediary (TSI) Agency

International Airlines Travel Agent Network

Dear Travel Professional,

Thank you for your recent request for this Travel Sales Intermediary (TSI) application kit. As you are aware IATAN is committed to upholding professional business standards that are globally recognized in the travel industry.

This package contains all necessary information for you to become an IATAN TSI and we are here to make the process as easy as possible. Call us at 1-877-734-2826 option 1 then 5 if you have any questions or need further information. Applicants located in Puerto Rico can call our office at 1-877-634-2826 option 1 then 5. Our Customer Service Representatives will be pleased to help you complete your application.

Once accredited, you will receive your IATAN accreditation package. It contains, among other things, a letter reflecting your date of accreditation, your unique eight-digit IATA numeric code, an official IATAN Certificate of Accreditation, and the IATAN window decal for display in your TSI location.

Accredited locations are invited to utilize IATAN's unique programs. Use the Personnel List and TSI ID Card when seeking reduced rate privileges from suppliers. The ID Cardholder gains exclusive access to www.AgentExperience.com, a FREE website listing the specific offers extended by travel and tourism suppliers to the IATA/IATAN ID Cardholders.

What is an IATAN Travel Sales Intermediary? A **Travel Sales Intermediary (TSI)** is a business (proprietorship, partnership or corporation) that is engaged in the sale and/or brokerage of travel and travel related services such as cruises, tours, hotels, car rental, bus and rail transportation, meeting planning and site selection. TSIs range from individual home-based businesses to large corporations and are located in the United States or its Possessions. TSIs do not hold airline agency appointments or issue airline tickets.

Kindly review this form, complete all necessary information. A check sheet is at the back of the form to ensure that you have completed or provided all necessary information.

Any business seeking to obtain accreditation by IATAN as a TSI is required to meet and maintain the following standards. To assist you with the submission of your application following each requirement, where applicable, we have indicated in italics our standard guidelines.

Applicant Information *(Please Print)*

Is your business home based (from your residence)? Yes No

Legal Name: _____ Tax ID Number: _____

Trade (d.b.a.) Name: _____

The business shall not have a name that is the same as, or misleadingly similar to: International Airlines Travel Agent Network (IATAN), Passenger Network Services Corporation (PNSC); or International Air Transport Association (IATA)

Physical Address: _____ Suite/Apt. Number: _____

City: _____ State: _____ Zip: -

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

City: _____ State: _____ Zip: -

Telephone No.: (____) _____ Fax No.: (____) _____

Business E-Mail Address: _____ Business Website: _____

Brand of Industry (CRS/GDS) System: _____

a) Application is for a: Head Office Branch Office
b) Opening Date: //
(mm/dd/yyyy)

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

d) Does this office hold airline agency appointment or issue airline tickets/e-tickets? Yes No

e) Is the sale of travel and travel related services the main activity of the business? Yes No*
(If "No", please provide a written explanation of the nature of the business and why you are applying as a TSI)*

f) Type of business: Travel Agency Tour Operator Meeting Planner
 Group Intermediary Site Selector Other _____





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General Business Requirements – Indicate under which one (1) of the four (4) options you are applying. Please submit appropriate supporting documentation.

1. The owner(s) of the business has been registered with IATAN for two (2) of the past three (3) years and was eligible for an IATAN ID Card and earned at least \$20,000 in each of those two (2) years from the sale of travel and travel related services;
- We require copies of W2 or 1099 forms from an IATAN accredited organization where the individual(s) was registered. Previous history will be verified using the IATAN personnel database.*
- or
- The business is considered a “Home Based Travel Agency” (operating from your residence in accordance with local and state laws) and the owner(s) has invested or has committed to invest a minimum of \$10,000 in the travel business;
- We require an actual or budgeted financial statement of the business, prepared in accordance with general accounting principles, including a signed C.P.A accountant’s report, or*
 - If the amount is not yet invested or appearing on a financial statement, then proof of available capital is required. This proof may be, but is not limited to, a personal financial statement or a bank letter confirming financing.*
 - After twelve (12) months, the business will be required to meet the minimum requirement of producing at least \$20,000 in gross travel income or \$200,000 in gross travel sales.*
- or
- The business has been in operation for at least one (1) year immediately prior to application and produced at least \$20,000 in gross travel income or \$200,000 in gross travel sales in the previous twelve (12) months;
- We require a financial statement of the business, prepared in accordance with general accounting principles, including a signed C.P.A. accountant’s report, or*
 - Letters from suppliers detailing the dollar volume of sales (should total \$200,000 in gross travel sales or \$20,000 in compensation), or*
 - A copy of the previous year’s income tax return of the business, or*
 - A Sales Summary supported by a statement from a supplier.*
- or
- The business has been in operation less than one (1) year and the owner(s) has invested or has committed to invest a minimum of \$25,000 in the travel business.
- We require an actual or budgeted financial statement of the business, prepared in accordance with general accounting principles, including a signed C.P.A accountant’s report, or*
 - If the amount is not yet invested or appearing on a financial statement, then proof of available capital is required. This proof may be, but is not limited to, a personal financial statement or a bank letter confirming financing.*
 - After twelve (12) months, the business will be required to meet the minimum requirement of producing at least \$20,000 in gross travel income or \$200,000 in gross travel sales.*

Proof of having met one of the above alternatives is required.

2. That the gross travel income and gross travel sales represent no more than 15% of personal travel (applicant and family). “Family” is defined as your Spouse, Partner, Parents, Grand Parents, Mother In-law, Father in-law, Sister in-law, Brother in-law, Siblings and Children.
- This is attested, certified and acknowledged through the signing and notarization of the application form.*
3. Provide proof of the legal form of the business (not limited to the following).
- We require documentation disclosing the business’ Federal Tax ID Number, or*
 - Copy of certificate of registration, or*
 - Copy of incorporation or partnership agreement.*
4. Proof of the existence of a business bank account (not limited to the following).
- We require a letter from the bank confirming the existence of a business bank account, or*
 - Copy of a bank statement in the name of the business.*
5. Provide two (2) letters of recommendation from national or international industry suppliers or from a national travel association (as example).
- American Society of Travel Agents (ASTA)*
 - Association of Retail Travel Agents (ARTA)*
 - Cruise Lines International Association (CLIA)*
 - Meeting Professionals International (MPI)*
 - National Association of Cruise Oriented Agencies (NACOA)*
 - National Tour Association (NTA)*
 - Society of Incentive Travel Executives (SITE)*
 - United States Tour Operators Association (USTOA)*
6. Provide proof of the business listing in a telephone or equivalent directory, website home page or advertisement showing how customers could contact the business (not limited to the following).
- Copy of a listing in the telephone or equivalent directory, or*
 - Screen shot of the business’s website homepage, or*
 - Promotional material identifying your business location, or*
 - Copy of an advertisement identifying your business location, or*
 - Advertisement in newspaper.*





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- 7. Provide proof of a valid and relevant errors and omissions or professional liability insurance policy in the legal name of the business.
 - o We require a copy of your policy showing the appropriate coverage
 - o The amount of the policy is a business decision to be determined between the applicant and its insurance broker.
- 8. Ensure that the business and location are in compliance with all federal, state, county and local laws including but not limited to zoning, registration and business license.
 - o We require a copy of your license(s).
- 9. Where applicable, provide proof of sellers of travel registration with the State.
 - o We require a copy of your Sellers of Travel State Registration.
- 10. There are no pending or unresolved complaints at state or local consumer affairs offices.
 - o This is attested, certified and acknowledged through the signing and notarization of the application form.

Ownership Information:

Responsibilities

A TSI will **not** be accredited or retained by IATAN when the business entity or 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:

- 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
or
- been involved in the financial management of a travel agency which has been removed from IATA, ARP 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
or
- made a misleading statement or representation to obtain or retain this accreditation
or
- improperly used an IATAN or IATA registered trademark or service mark
or
- falsely identified the business as holding industry credentials or memberships not limited to IATA or IATAN
or
- lent, subcontracted or hired to a third party an IATA Numeric Code.

What type of business ownership does this application fall under:

Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	L.C./L.L.C <input type="checkbox"/>	Other (Explain)
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If owned by a Corporation please complete this portion, if not, continue below:

Name of Corporation owning this entity: _____ Percentage owned: _____





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If owned by individuals please complete this portion for each individual, who owns the business.

Please note that personal information such as date of birth, Social Security Number are only used to ensure integrity of our data. This information is for internal purpose only.

Name of Owner: _____ **Percentage owned:** _____

1. Last Name: _____ First Name: _____

City: _____ State: _____ Zip: _____

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

Social Security #: - - E-mail address: _____

Duties		
Administration	A	
Inside Sales	I	
Outside Sales	X	

Weekly Hours		
35 Hrs Or Over	1	
25 To 34 Hrs	2	
20 To 24 Hrs	3	
5 To 19 Hrs	4	

Yearly Earnings		
\$5,000 And Over	1	
Under \$5,000	2	
Owner, 20% Exempt	3	

Name of Owner: _____ **Percentage Owned:** _____

2. Last Name: _____ First Name: _____

City: _____ State: _____ Zip: _____

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

Social Security #: - - E-mail address: _____

Duties		
Administration	A	
Inside Sales	I	
Outside Sales	X	

Weekly Hours		
35 Hrs Or Over	1	
25 To 34 Hrs	2	
20 To 24 Hrs	3	
5 To 19 Hrs	4	

Yearly Earnings		
\$5,000 And Over	1	
Under \$5,000	2	
Owner, 20% Exempt	3	

Name of Owner: _____ **Percentage Owned:** _____

3. Last Name: _____ First Name: _____

City: _____ State: _____ Zip: _____

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

Social Security #: - - E-mail address: _____

Duties		
Administration	A	
Inside Sales	I	
Outside Sales	X	

Weekly Hours		
35 Hrs Or Over	1	
25 To 34 Hrs	2	
20 To 24 Hrs	3	
5 To 19 Hrs	4	

Yearly Earnings		
\$5,000 And Over	1	
Under \$5,000	2	
Owner, 20% Exempt	3	





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Name of Owner: _____

Percentage Owned: _____

4. Last Name: _____ First Name: _____

City: _____ State: _____ Zip: _____

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

Social Security #: - - E-mail address: _____

Duties		
Administration	A	<input type="checkbox"/>
Inside Sales	I	<input type="checkbox"/>
Outside Sales	X	<input type="checkbox"/>

Weekly Hours		
35 Hrs Or Over	1	<input type="checkbox"/>
25 To 34 Hrs	2	<input type="checkbox"/>
20 To 24 Hrs	3	<input type="checkbox"/>
5 To 19 Hrs	4	<input type="checkbox"/>

Yearly Earnings		
\$5,000 And Over	1	<input type="checkbox"/>
Under \$5,000	2	<input type="checkbox"/>
Owner, 20% Exempt	3	<input type="checkbox"/>

Name of Owner: _____

Percentage Owned: _____

5. Last Name: _____ First Name: _____

City: _____ State: _____ Zip: _____

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

Social Security #: - - E-mail address: _____

Duties		
Administration	A	<input type="checkbox"/>
Inside Sales	I	<input type="checkbox"/>
Outside Sales	X	<input type="checkbox"/>

Weekly Hours		
35 Hrs Or Over	1	<input type="checkbox"/>
25 To 34 Hrs	2	<input type="checkbox"/>
20 To 24 Hrs	3	<input type="checkbox"/>
5 To 19 Hrs	4	<input type="checkbox"/>

Yearly Earnings		
\$5,000 And Over	1	<input type="checkbox"/>
Under \$5,000	2	<input type="checkbox"/>
Owner, 20% Exempt	3	<input type="checkbox"/>

Name of Owner: _____

Percentage Owned: _____

6. Last Name: _____ First Name: _____

City: _____ State: _____ Zip: _____

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

Social Security #: - - E-mail address: _____

Duties		
Administration	A	<input type="checkbox"/>
Inside Sales	I	<input type="checkbox"/>
Outside Sales	X	<input type="checkbox"/>

Weekly Hours		
35 Hrs Or Over	1	<input type="checkbox"/>
25 To 34 Hrs	2	<input type="checkbox"/>
20 To 24 Hrs	3	<input type="checkbox"/>
5 To 19 Hrs	4	<input type="checkbox"/>

Yearly Earnings		
\$5,000 And Over	1	<input type="checkbox"/>
Under \$5,000	2	<input type="checkbox"/>
Owner, 20% Exempt	3	<input type="checkbox"/>

*Note: If space above is insufficient, please attach a listing of all owner(s) and their financial interest(s).





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Personnel - Qualifying Manager Information:

Each location must have one Qualifying Manager. Kindly complete this section for the Qualifying Manager requirement.

- Each TSI location must be managed by a person who devotes substantially all of their time to the affairs of the business and has had at least two (2)* years full-time or equivalent experience within the last three (3) years in a travel sales capacity at an accredited agency, corporate travel department, airline, cruise line, hotel, car rental, railroad, bus company, tour operator or other travel related business.
 - If past employment cannot be verified through our database then we will require proof of employment history to be accompanied with the completed application (not limited to, a copy of your 1099, W2, letter of reference of past employer on company letterhead).*
- *Reduced to one (1) year within the last three (3) years if the person has successfully completed an undergraduate degree in travel and tourism or has earned certification as a Certified Travel Counselor (CTC), a Certified Travel Industry Executive (CTIE) or as a Certified Travel Associate (CTA).
 - We require a copy of your degree or certification.*

1. Last Name: _____ First Name: _____

City: _____ State: _____ Zip: _____

Date of Birth: / / Sex: Female Male Your Start Date: / /

(mm/dd/yyyy) *(mm/dd/yyyy)*

Social Security #: - - E-mail address: _____

Position	
Manager	M

Duties	
Administration	A
Inside Sales	I
Outside Sales	X

Weekly Hours	
35 Hrs Or Over	1
25 To 34 Hrs	2
20 To 24 Hrs	3
5 To 19 Hrs	4

Yearly Earnings	
\$5,000 And Over	1
Under \$5,000	2
Owner, 20% Exempt	3

It is highly recommended that you complete the following information for all **Employee(s) and/or Independent Contractor(s)** who work at your location so that your IATAN Personnel List is complete and can be sent to you once you have received Accreditation. The Personnel List and the IATA/IATAN Travel Agent ID Card is used widely by all suppliers for preclearance before granting industry concessions.

1. Last Name: _____ First Name: _____

City: _____ State: _____ Zip: _____

Date of Birth: / / Sex: Female Male Your Start Date: / /

(mm/dd/yyyy) *(mm/dd/yyyy)*

Social Security #: - - E-mail address: _____

Position	
Manager	M
Employee	E
Leased Employee	L
Independent Contractor	I

Duties	
Administration	A
Inside Sales	I
Outside Sales	X

Weekly Hours	
35 Hrs Or Over	1
25 To 34 Hrs	2
20 To 24 Hrs	3
5 To 19 Hrs	4

Yearly Earnings	
\$5,000 And Over	1
Under \$5,000	2
Owner, 20% Exempt	3

2. Last Name: _____ First Name: _____

City: _____ State: _____ Zip: _____

Date of Birth: / / Sex: Female Male Your Start Date: / /

(mm/dd/yyyy) *(mm/dd/yyyy)*

Social Security #: - - E-mail address: _____

Position	
Manager	M
Employee	E
Leased Employee	L
Independent Contractor	I

Duties	
Administration	A
Inside Sales	I
Outside Sales	X

Weekly Hours	
35 Hrs Or Over	1
25 To 34 Hrs	2
20 To 24 Hrs	3
5 To 19 Hrs	4

Yearly Earnings	
\$5,000 And Over	1
Under \$5,000	2
Owner, 20% Exempt	3





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Once accredited, the TSI has the responsibility to comply on an on-going basis with these standards for accreditation. A TSI is also required to annually certify or at the discretion of IATAN provide proof of:

- the existence of a business bank account
- gross travel income of at least \$20,000 or gross travel sales of \$200,000
- a valid and relevant errors and omissions insurance policy.

Consent

The applicant understands and agrees the one benefit of IATAN accreditation is the periodic receipt of travel-related information. The undersigned on behalf of applicant hereby certifies and acknowledges that applicant consents to receive travel information and travel-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: _____ Name (printed): _____

Certification and Acknowledgement

I, the undersigned, hereby certify and acknowledge:

- 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.
- 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.
- 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 standards for accreditation and the notices and consents contained in this application.
- 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.
- That the applicant accepts the terms and conditions in the IATAN Logo License Agreement attached hereto.
- That the IATA numeric code assigned to the applicant is the property of IATA and shall not be lent, subcontracted or hired to a third party and that the applicant shall cease to use such code upon termination of accreditation.
- That there are no pending or unresolved complaints against the applicant at state or local consumer affairs offices.
- That the applicant is in compliance with all federal, state, county or local registration and/or licensing requirements.
- 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.
- That the applicant will comply on an ongoing basis with the Standards for Accreditation and certify the existence of the business bank account, annual gross travel sales of \$200,000 or \$20,000 in gross travel income, and a valid and relevant errors and omissions insurance policy. That the gross travel income and gross travel sales represent no more than 15% of personal travel (applicant and family).
- 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: _____ 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 they are the (owner/title) _____ of (name of organization) _____

_____, and that the information provided on this form is true and correct.

My commission expires on: _____ Notary Public: _____
(mm/dd/yyyy)

Optional Please check this box if you wish copies of correspondence to be sent to a third party. If so, provide name and address.





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Business Profile

1. 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% |

2. What is the approximate Total Annual Travel Industry Sales of your office?

- | | |
|--|---|
| <input type="checkbox"/> \$100,000 or Less | <input type="checkbox"/> \$100,001 to \$500,000 |
| <input type="checkbox"/> \$500,001 to \$1,000,000 | <input type="checkbox"/> \$1,000,001 to \$5,000,000 |
| <input type="checkbox"/> \$5,000,001 to \$10,000,000 | <input type="checkbox"/> \$10,000,001 to \$25,000,000 |
| <input type="checkbox"/> Over \$25,000,000 | |

3. What is the approximate % breakdown of your Total Annual Sales for the following?

- | | | | | |
|---------------|--------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| 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

4. What are the 3 Market Specialties of your office?

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

5. What are the 3 Destination Specialties of your organization?

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		

IMPORTANT!
Indicate your top three (3) choices for questions 4 & 5 by marking the corresponding 2 letter code in choice spaces provided.





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TSI New Application Fee Schedule (please make check payable to IATA)

Head Office (HO) & each Branch Office (BR)	
when applying January to September	\$165.00
when applying October to December	\$190.00*
<i>*this fee includes the application fee \$100.00 + the Annual Service Fee \$25.00 for the remainder of the year + the Annual Service Fee \$65.00 for the following year.</i>	

The Annual Service Fee covers all amendments:

- Change of location
- Change of location and name
- Addition of new employee
- Change of legal name HO or BR
- Change of DBA HO or BR
- Reinstatement to employee list

Helpful Hints for Registration & ID Card

Please note the following procedures when registering personnel and applying for the IATAN ID Card:

- Personnel eligible for registration must be registered at the IATAN accredited location where they work. The [Personnel Registration Form Guidelines](#), document #101 can be found at www.iatan.org.
- Complete the [Personnel List Registration & ID Card Order Form](#), document#102, for each person who is employed by the organization and each independent contractor affiliated with the organization that has never appeared on an IATAN Personnel List.
- The [Personnel List Amendment Form](#), document #104, is to be used by employees and/or independent contractors that currently appear or in the past have appeared on an IATAN Personnel List.

Once accredited, your organization will receive an IATAN Personnel List. Also, agents who meet the ID Card Eligibility Requirements may apply for an IATAN ID Card Application Form. The [ID Card Eligibility Requirements](#), document #126, for the IATAN ID Card can be found at www.iatan.org.

Please return all correspondence to:

IATAN
PO Box 2988
Plattsburgh, New York 12901-0999





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Application Checklist

Business Requirement - Depending on what business requirement you've selected please make sure you have attached all the supporting documentation.

a) Indicate under which one (1) of the four (4) options you are applying as.

- The owner(s) of the business has been registered with IATAN for two (2) of the past three (3) years and was eligible for an IATAN ID Card and earned at least \$20,000 in each of those two (2) years from the sale of travel and travel related services.
- We require copies of W2 or 1099 forms from an IATAN accredited organization where the individual(s) was registered. Previous history will be verified using the IATAN personnel database.*

or

- The business is considered a "Home Based Travel Agency" (operating from your residence in accordance with local and state laws) and the owner(s) has invested or has committed to invest a minimum of \$10,000 in the travel business.
- We require an actual or budgeted financial statement of the business, prepared in accordance with general accounting principles, including a signed C.P.A accountant's report, or*
 - If the amount is not yet invested or appearing on a financial statement, then proof of available capital is required. This proof may be, but is not limited to, a personal financial statement or a bank letter confirming financing.*
 - After twelve (12) months, the business will be required to meet the minimum requirement of producing at least \$20,000 in gross travel income or \$200,000 in gross travel sales.*

or

- The business has been in operation for at least one (1) year and produced at least \$20,000 in gross travel income or \$200,000 in gross travel sales in the past twelve (12) months.
- We require a financial statement of the business, prepared in accordance with general accounting principles, including a signed C.P.A. accountant's report, or*
 - Letters from suppliers detailing the dollar volume of sales, or*
 - A copy of the previous year's income tax return of the business, or*
 - A Sales Summary supported by a statement from a supplier.*

or

- The business has been in operation less than one (1) year and the owner(s) has invested or has committed to invest a minimum of \$25,000 in the travel business.
- We require an actual or budgeted financial statement of the business, prepared in accordance with general accounting principles, including a signed C.P.A accountant's report, or*
 - If the amount is not yet invested or appearing on a financial statement, then proof of available capital is required. This proof may be, but is not limited to, a personal financial statement or a bank letter confirming financing.*
 - After twelve (12) months, the business will be required to meet the minimum requirement of producing at least \$20,000 in gross travel income or \$200,000 in gross travel sales.*

- b) Have you provided proof of the legal form of business and of a business bank account? Yes No*
- c) Have you provided two (2) letters of recommendation from national or international suppliers or from a national travel association? Yes No*
- d) Have you provided proof of the business listing in a telephone or equivalent directory, website home page or advertisement showing how customers could contact the business? Yes No*
- e) Have you provided proof of a valid and relevant errors and omissions or professional liability insurance policy in the legal name of the business? Yes No*
- f) Have you provided a copy of the business license? Yes No*
- g) Have you provided a copy of your Sellers of Travel State Registration (where applicable)? Yes No*
- h) Has the application form been notarized? Yes No*
- i) Have you enclosed the applicable fee? Yes No*

**If the answer to any of the above is "No", please provide a written explanation attached to this application.*

