SELLER OF TRAVEL
REGISTRATION APPLICATION

(See enclosed instructions for assistance.
Use an additional page as needed for each question.)

_____
LEAVE THIS SPACE BLANK

1. _____
TODAY'S DATE

PLEASE PRINT OR TYPE

2. Have you, any owner, or manager of this business ever previously applied for registration as a Seller of Travel?

CHECK ONE: ☐ YES ☐ NO

If "**YES**," enter Seller of Travel Program registration number(s): _____

Enter the business start date (when applicant has or will have first advertised, offered, arranged, or sold travel): _____/_____/_____

LEGAL NAME OF APPLICANT(S):

3.

STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS: **ARC/IATAN NUMBER:**

4.a.

CITY, STATE, AND ZIP CODE: **COUNTRY:**

MAILING ADDRESS (IF DIFFERENT FROM 4a):

4.b.

CITY, STATE, AND ZIP CODE: **COUNTRY:**

EMAIL ADDRESS

CALIFORNIA COUNTY WHERE BUSINESS IS LOCATED (SEE 4a):

4.c. or ☐ Located outside California

NAME OF PRIMARY CONTACT PERSON: **TELEPHONE:** **FAX:**

4.d.

4.e. List the street address, city, state, and zip code of additional business locations: Provide the ARC/IATAN number(s), if any:

(1) _____ _____

(2) _____ _____

(3) _____ _____

4.f. Number of business locations: _____ (Combine 4a & 4e)

4.g. Check your affiliation status: ☐ ARC ☐ IATAN ☐ None ☐ Pending (ARC or IATAN) ☐ Suspended (ARC or IATAN)

4.h. Optional: Name and address of attorney or consultant if you want that person sent copies of any notices of deficiencies in your submitted application:

ALL FICTITIOUS BUSINESS NAMES (D.B.A.) UNDER WHICH YOU DO BUSINESS OR INTEND TO DO BUSINESS:

5. _____ _____
NAME **COUNTY WHERE FILED**

5.a. Your URL address (Web site address) (Optional): _____

CHECK TYPE OF OWNERSHIP:

6.a. ☐ Sole Proprietorship ☐ Husband/Wife Co-Ownership ☐ Partnership
☐ Limited Liability Company ☐ Corporation ☐ Other legal entity; describe below:

IDENTIFY THE STATE OR FOREIGN COUNTRY WHERE THE CORPORATION, PARTNERSHIP, OR OTHER LEGAL ENTITY IS RECORDED:

PLACE: _____ **RECORD./ CORP. #:** _____

b. If you are a **Corporation**: Is your stock or the stock of a company owning at least 10% of your corporation publicly traded on a national securities quotation system or stock exchange? ☐ YES: _____ ☐ NO
IDENTIFY THE EXCHANGE

c. Are you a registered non-profit entity? ☐ YES ☐ NO

d. If you are a **motor club**, are you certified under Part 5 of Division 2 of the Insurance Code? ☐ YES

7.a. Provide complete information for all Owners, Officers, Partners, and/or Sole Proprietors who are natural persons, including identifying each person who owns/controls 10% or more of the business or has claim to 60% or more of its net income:

(1) Full name: _____ Position(s): _____

Date of birth: _____/_____/_____ **BUSINESS TELEPHONE:** (_____)_____

RESIDENCE ADDRESS: _____ **BUSINESS ADDRESS:** _____

Driver's license or identification number: _____ Issued in: _____
STATE OR FOREIGN COUNTRY

Does this person have ownership interest? ☐ YES ☐ NO

If "**YES**," **Owner's** Social Security Number (SSN): __ __ __ - __ __ - __ __ __

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(2) Full name: _____ Position(s): _____

Date of birth: _____/_____/_____ **BUSINESS TELEPHONE:** (_____)_____

RESIDENCE ADDRESS: _____ **BUSINESS ADDRESS:** _____

Driver's license or identification number: _____ Issued in: _____
STATE OR FOREIGN COUNTRY

Does this person have ownership interest? ☐ YES ☐ NO

If "**YES**," **Owner's** Social Security Number (SSN): __ __ __ - __ __ - __ __ __

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(3) Full name: _____ Position(s): _____

Date of birth: _____/_____/_____ **BUSINESS TELEPHONE:** (_____)_____

RESIDENCE ADDRESS: _____ **BUSINESS ADDRESS:** _____

Driver's license or identification number: _____ Issued in: _____
STATE OR FOREIGN COUNTRY

Does this person have ownership interest? ☐ YES ☐ NO

If "**YES**," **Owner's** Social Security Number (SSN): __ __ __ - __ __ - __ __ __

7.b. Businesses or other legal entities which own or control 10% or more of the registering business or which have claim to 10% or more of the registering business' net income:

(1) Name of business: _____

Type of business: _____

State or foreign country where formed: _____

PRINCIPAL OFFICE ADDRESS, INCLUDING COUNTRY

(2) If Owner is itself a Corporation or Partnership, enter the name of that Corporation's or Partnership's CEO, General or Managing Partner, position and residence address:

_____

NAME AND POSITION

_____

RESIDENCE ADDRESS, INCLUDING COUNTRY

(3) If Owner is a Trust, list all Trustees, their dates of birth, residence addresses, driver's licenses or equivalent identification numbers, and the state or foreign country where issued:

_____ _____/_____/_____

NAME **DATE OF BIRTH**

_____

RESIDENCE ADDRESS, INCLUDING COUNTRY

_____

DRIVER'S LICENSE OR IDENTIFICATION NUMBER, STATE OR FOREIGN COUNTRY WHERE ISSUED

8.a. Has the registering Seller of Travel, Principal (Owner, Officer, Partner, or Sole Proprietor), or any other Seller of Travel owned or managed by any Owner or Principal of this registering Seller of Travel, or that Seller of Travel itself, had entered against that person or entity any judgment, including a stipulated judgment, order, made a plea of nolo contendere or guilty, or been convicted of any criminal violation? Include in your answer anyone listed in Question 7a and 7b. Identify the person, the name and address of the court or administrative agency which rendered the judgment, order, or conviction, the docket number, and the date of the judgment, order, or conviction. Identify the nature of the case or judgment. Disclosures about marital dissolution, child support, and child custody proceedings are not required. You are not required to disclose citations for parking, motor vehicle or local offenses under code or ordinance for which the sole penalty imposed was a fine of $250 or less.

☐ YES 9 NO

8.b. Provide the following information for each Seller of Travel, Owner or Principal for whom "**YES**" was given:

(1) Name of Seller of Travel, Owner or Principal: _____

Name and Address of the Court or administering agency rendering the judgment, order or conviction:

_____

Docket number: _____

Date of judgment or order: _____

Describe the nature of the case or judgment: _____

_____

_____

DUPLICATE ON ADDITIONAL ATTACHED PAGES THAT INFORMATION SET FORTH IN (1) FOR EACH ADDITIONAL JUDGMENT, ORDER OR CONVICTION, IF NECESSARY.

9. Do you or will you sell, market, or distribute "travel certificates"? ☐ YES ☐ NO

If "**YES**," attach a copy of the travel certificate. ☐ ATTACHED

11.a. Do you wish to be exempt from the Trust Account or Seller of Travel Surety Bond requirement?

☐ YES, I elect and qualify for the exemption from maintaining a Trust Account or Surety Bond for retail transactions.

☐ NO, I do not seek exemption from maintaining a Trust Account or Surety Bond regardless of whether or not I qualify.

11.b. Do you currently hold an ARC appointment?

☐ YES ☐ NO

12.a. This business has had the **same legal form** (for example, as a Corporation, Partnership, Sole Proprietorship, etc.) continuously for the three years prior to the filing date of this registration. (You must check the NO box if your business has been in existence as a Seller of Travel for less than three years, or is less than 3 years old.)

☐ YES ☐ NO

12.b. Has your business continuously had the **same owners** (whether persons or legal entities) in the three years prior to the filing date of this registration? [You may exclude consideration of any former owners (whether persons or legal entities) who have ceased being owners during the past three years. Also, you need only consider owners that have a 10% or greater ownership interest.)

☐ YES ☐ NO

12.c. If "**NO**," has your business been acquired by, or formed by, a registered Seller of Travel that has itself been in business under the same ownership for a period of three years prior to the filing date of your application?

☐ YES ☐ NO

If "**YES**," fill in the Seller of Travel registration number _____of the business that acquired or formed your business. Fill in The Business Name _____of the acquiring/forming Seller of Travel. Fill in the address and ARC/IATAN Number(s) of the acquiring/forming Seller of Travel:

_____

ADDRESS CITY STATE ZIP ARC/IATAN NUMBER (IF ANY)

CONSUMER PROTECTION DEPOSIT PLAN:

13.a. Sellers of Travel who are otherwise required to maintain a Trust Account or Surety Bond may instead elect to participate in the United States Tour Operators Association Consumer Protection Deposit Plan or any other Consumer Protection Deposit Plan which has been approved by the Attorney General. A Consumer Protection Deposit Plan, by statute, requires depositing with the Administrator of the Plan a minimum of $1,000,000. Attach the original letter from the Plan Administrator showing your participation in this Plan if you have elected this option.

☐ ATTACHED

CONSUMER PROTECTION ESCROW PLAN:

13.b. Sellers of Travel who are otherwise required to maintain a Trust Account or Surety Bond may instead elect to participate in an approved Consumer Protection Escrow Plan which requires full compliance with Section 17550.16(c). Attach the original letter from the Plan Administrator showing your participation in this Plan if you have elected this option.

☐ ATTACHED

14. You must use a Trust Account or obtain a Surety Bond to protect client funds if any of the following apply:
   a) your business is less than three years old;
   b) your business has an Owner who acquired an ownership within the last three years;
   c) you do not hold an ARC appointment;
   d) you do not participate in an approved Consumer Protection Deposit or Consumer Protection Escrow Plan; or
   e) you are otherwise disqualified for the exemption under Business & Professions Code Section 17550.16(a).

14.a. Identify all of your Trust Account(s):

(An ARC Trust Account does not qualify as the Seller of Travel Trust Account.)

Financial institution and branch location: Trust Account name(s) and number(s):

_____ _____

BANK NAME **TRUST ACCOUNT NUMBER**

_____ _____

ADDRESS **TRUST ACCOUNT NAME AS SHOWN IN BANK RECORDS**

_____

CITY **STATE / COUNTRY** **ZIP**

(1) Make additional copies of the enclosed, blank **Attachment 100** (Authorization And Consent Form). Each Principal (Owner, Officer, Partner, or Sole Proprietor) listed in Questions 7a and 7b must complete and sign a copy of Attachment 100.

☐ ATTACHED

(2) Attach a signed copy of the enclosed **Attachment 300** (Seller Of Travel Trust Account Delegation of Trustee Responsibilities) if you delegate to any officer or employee the management of the trust account. Do not include Attachment 300 if you do not make such a delegation.

☐ ATTACHED

14.b. Identify your qualifying Surety Bond obtained as an alternative to depositing 100% of client funds into a Trust Account if you have elected this option:

(A bond or letter of credit payable to ARC ("an ARC Bond") does not qualify as the Seller of Travel Surety Bond.)

Surety Bond Issuer:_____ Amount of Bond:_____

Surety Bond Number _____

Attach a copy of the Seller of Travel Surety Bond and your completed Attachment 400: ☐ ATTACHED

15. AMENDMENTS & TRANSFERS OF OWNERSHIP: You must file an amendment with the Seller of Travel Program if there is a change in the information you have supplied prior to the expiration of your annual registration. Use **Attachment 600** for adding or deleting owners or partners or creating encumbrances. You must submit Attachment 600 at least ten days prior to the effective date of any transfer of ownership. For other changes use **Attachment 500** or write a letter noting the amendments and submit it within 10 days of the change.

16. **FEES**: Calculate your registration fee and, if appropriate, a late fee payable to the Department of Justice:

a. Number of business locations, including principal place of business, from Question 4f: _____

b. **Registration Fee**: multiply the total number of locations from Question 16a by $100. If this application is more than one year late, multiply each location by the # of years that location was operated: $_____

c. **Late Fee**: A late fee is due with your application if you postmark your registration later than your filing deadline. The filing deadline is ten days prior to doing business in the State of California. Calculate your late fee by determining:

(1) Number of days from the first day following your registration filing deadline to the postmark date. (Example: You began business on June 15. Your due date was June 5 You postmark your registration June 30. From June 5 to June 30 is 25 days late.): _____

(2) Multiply the number of days late in 16d by $5 per day, not to exceed the maximum $500: $_____

d. Total amount enclosed including the registration fee from Question 16b plus any late fee from Question 16c(2). $_____

e. Attach a check or money order for the total fee required from Question 16d and make it payable to the **Department of Justice**. Fill in your check or money order number: _____

17. Name, Address and Telephone Number for each independent agent pursuant to Section 17550.20(g) Attach additional pages as necessary:

NAME	ADDRESS	PHONE NO.

18. **TRAVEL CONSUMER RESTITUTION FUND (TCRF)**: Participation in TCRF is required for all Sellers of Travel whose business is either headquartered within the State of California doing business with consumers in California, and any Seller of Travel which is a corporation publicly traded on a national securities quotation system or stock exchange doing business in California from at least one location in California.

TCRF fees must be paid directly to the Travel Consumer Restitution Corporation (TCRC). TCRC will send proof of payment directly to the Seller of Travel Program.

CAUTION: Do not pay your seller of travel registration fee or late fee from any trust account established pursuant to Section 17550.15. Disbursement of passengers' funds for purposes other than payment for contracted goods and services or to make refunds may be a crime.

Check one of the two following boxes:

☐ Applicant is a participant in TCRF; or

☐ Applicant is not a participant in TCRF because (please check all that apply):

a. ☐ the business is headquartered outside the State of California;

b. ☐ the business does not do business with persons located in California;

c. ☐ the business does not conduct business from any location within California; and/or

d. ☐ the applicant corporation is not publicly traded on a national securities quotation system or stock exchange.

IMPORTANT: Make a copy of this completed application packet for your records!

Mail to:

Seller of Travel Program
Office of the Attorney General
Department of Justice
300 South Spring Street, Suite 1702
Los Angeles, CA 90013-1230

Verification Page

19. All Principals (Owners, Officers, Partners, or Sole Proprietors) of the registering Seller of Travel must date, sign, fill in the city and state where they sign, and print their name. All corporations, partnerships, or trusts having an investment in the filer as identified in Question 7b must have a duly authorized officer of the owning corporation, partnership, or trust date, sign, and print their name below and fill in the city and state where signed. All signatures must be original. A faxed, photocopied, or stamped signature is not acceptable because this is a legal document signed under penalty of perjury.

Original signatures may be on separate copies of this verification page:

I/we declare under penalty of perjury under the laws of the State of California that all of the information provided in answer to questions 1-18 and the Attachments, is true and correct.

(1) _____ _____
DATED **SIGNATURE**

_____ _____
SIGNED AT: CITY, STATE **PRINT NAME**

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(2) _____ _____
DATED **SIGNATURE**

_____ _____
SIGNED AT: CITY, STATE **PRINT NAME**

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(3) _____ _____
DATED **SIGNATURE**

_____ _____
SIGNED AT: CITY, STATE **PRINT NAME**

---

(4) _____ _____
DATED **SIGNATURE**

_____ _____
SIGNED AT: CITY, STATE **PRINT NAME**

---

(5) _____ _____
DATED **SIGNATURE**

_____ _____
SIGNED AT: CITY, STATE **PRINT NAME**

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(6) _____ _____
DATED **SIGNATURE**

_____ _____
SIGNED AT: CITY, STATE **PRINT NAME**

AUTHORIZATION AND CONSENT FORM

Authorization for Disclosure of Information Held by Service Providers, Carriers, Other Sellers of Travel, The Airlines Reporting Corporation (ARC) or International Association of Travel Agents Network (IATAN), and any Business Records maintained by or on behalf of

_____
(Seller of Travel Name)

at any bank or financial institution.

_____irrevocably consents to the California Attorney,
(Seller of Travel Name)

General, District Attorney of any County within California, or their authorized representatives obtaining any information related to an investigation of a Seller of Travel's compliance with Business and Professions Code § 17550.21.

The consent shall be signed by all owners, partners, or corporate officers listed in the registration application.

I/We hereby consent to the disclosure of information maintained by above referenced entity(ies) and declare under penalty of perjury under the laws of the State of California that all of the information provided in answers on the Seller of Travel Application dated _____is true and correct.

Typed Name	Position	Signature	Date

Print Form

Clear Form