

Current Residence and Contact Information

Current Address From (mm/dd/yyyy): To: Present
Street Address: Apt. Number:
City: County/Township:
State/Province: Country: Zip:
Telephone:
Do you rent or own the residence listed above? Rent Own Other (explain):

Current Employment Information

Employment Dates From (mm/dd/yyyy): To: Present
Name of Business/Activity:
Street Address:
City: State: Country: Zip:
Telephone: Agency Code Number (if applicable):
Title or Position: Number of hours per week:

PART 2 – Background Information:

Affiliations with Travel Agents, Agencies, Host Agencies

Indicate whether you have ever:

Had an affiliation of any kind with any agent, agency, host or entity accredited by ARC, ARP, ATC, IATA, or IATAN not listed in this application or attachments.
 YES NO

Had an affiliation of any kind with an agent, agency, host or entity previously canceled by ARC, ARP, ATC, IATA, or IATAN.
 YES NO

Had an affiliation with an agent, agency, host or entity presently in default under the Agent Reporting Agreement (ARA) or the Travel Agent Service Fee Program Agreement (TASFPA)?
 YES NO

If the answer is **YES**, please identify the agent(s) or entity(ies) including accreditation number(s), contact name(s), contact phone(s), type of transactions/tickets purchased or sold, term of relationship, reason(s) for leaving, which system used, and any other details that may be useful in approving this application.

Felonies or Misdemeanors

Indicate whether you have ever:

Been convicted of a felony or pled guilty or nolo contendere (no contest) to a felony?
 YES NO

Been convicted of a misdemeanor related to financial activities or pled guilty or nolo contendere (no contest) to a misdemeanor related to financial activities?
 YES NO

Been found by a court of competent jurisdiction to have committed a breach of fiduciary duty involving the use of funds of others?
 YES NO

If the answer(s) to any of the questions above is **YES**, please provide related details.

Bankruptcy

Indicate whether you:

Are presently, or have ever been, an owner, officer, director, or management employee of any business that has ever filed, or been the subject of, a petition in bankruptcy?
 YES NO

Have ever filed, or been the subject of, a petition in bankruptcy?
 YES NO

Have ever been the subject of an adversary proceeding in any bankruptcy case?
 YES NO

If the answer(s) to any of the questions above is **YES**, please provide related details.

STATE OF _____

COUNTY OF _____

Before me, the undersigned notary public, personally appeared _____ to me, who being duly sworn according to law, deposes the following:

Part 3 - Certification

I certify that the statements in this Personal Information Form (PIF) and the attachments are true and correct. I acknowledge and understand that as part of the evaluation and verification process, TPI may need to verify the information contained in the PIF. I authorize TPI to conduct such investigation as it deems appropriate to verify the accuracy of the information in this PIF, and I authorize release to TPI of any documents, such as but not limited to personal identification documents, lease agreements, credit reports, as may be required. I hereby waive all rights based on libel, slander, or defamation of character by reason of TPI's publication, of any reason for disapproval of this application, including information contained in this PIF, provided that such reason is reasonably related to the discharge of TPI's obligations, the exercise of its rights, or the performance of its officers, directors, and/or employees in evaluating and approving or disapproving this application. If there are any changes to any of the answers or information provided in this PIF, I will immediately notify TPI, in writing.

Signature

Print name of above signatory

Print title of above of signatory

Date

Sworn to and subscribed before me this ____ day of _____, 20__.

Seal:

(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____ Type of Id _____