



APPLICATION FORM-CHANGE OF LOCATION

The information requested below is required to assist in determining the continued status of the Agency on the IATA and/or ATAC Agency List. Please complete in duplicate. Please print or type. If you require additional space, please fill and attach additional sheets.

PART I APPROVED NAME AND LOCATION

Name of Agency: _____

Trade Name (if any): _____

Address of Agency: _____

Street

City

P.O. Box

Province

Postal Code

IATA Code Number: _____

PART II NEW NAME AND LOCATION

Name of Agency (if no change in name indicate "Not applicable"): _____

Trade Name (if any): _____

Address of Agency: _____

Street

City

P.O. Box

Province

Postal Code

Telephone number: _____ Name of Office Manager: _____

Fax No: _____ Name of Qualifying Ticketing Agent: _____

E-Mail: _____ Date of opening of new location: _____

PART III DESCRIPTION OF NEW LOCATION

Indicate type of building in which Agency is located:

- | | |
|---|---|
| <input type="checkbox"/> shopping mall | <input type="checkbox"/> premises of customer |
| <input type="checkbox"/> airline terminal or airport property | <input type="checkbox"/> commercial building |
| <input type="checkbox"/> university/college campus | <input type="checkbox"/> hotel |
| <input type="checkbox"/> highrise building complex | <input type="checkbox"/> other, please describe _____ |

Please indicate normal business hours and days of the week the office is open: _____

PART IV MINIMUM SECURITY STANDARDS (TRAFFIC DOCUMENTS AND CARRIER IDENTIFICATION PLATES)

Please indicate the facilities on premises for the safekeeping of the working supply of traffic documents:

- Safe; weight of safe _____ fixed to floor/wall Yes No
- Alarm system-describe type _____
- Security guards 24 hours day only night only
- Double locking steel cabinet
- Other, describe _____

Describe facilities off-premises for the storage of your reserve supply of traffic documents: _____

Describe the facilities for the safekeeping of Carrier Identification Plates and Validation Plates separate from Traffic Documents:

PART V PERSONNEL

List names of personnel employed at this location:

Name	Full/Part Time	Present employment (years)	Previous employer And dates of employment

Kindly return this application form in duplicate to:

Agency Accreditation Services-Canada
 International Air Transport Association
 800 Place Victoria
 P.O. Box 113
 Montreal, Quebec H4Z 1M1

with the following items:

1. at least TWO photographs (minimum postcard size) of the exterior and interior of the new location. Please note no polaroids or digital photographs will be accepted
- 2) a cheque or money order drawn in favour of "International Air Transport Association". The fee is CAD \$133.75 (includes GST). For agents in Quebec and the Atlantic provinces the fee is CAD. \$143.75 (includes applicable taxes)

Date: _____ Signature: _____