**Please complete the below information and send it to IDQP IATA Admin at** [**idqp@iata.org**](mailto:idqp@iata.org)

1. **IDQP Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Training Location |  | Country |  |
| Training Dates |  | | |

1. **Personal Data**

Please indicate your full name and company how you would like them to appear on the Certificate

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Salutation | Mr.  Ms. .  Mx. | Date of Birth |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Airline / Company |  | 2-letter Code | |  |
| Department |  | | | |
| Job Title |  | | | |
|  | | | | |
| Street |  | | | |
| Zip-Code |  | City |  | |
| Country |  | | | |
|  | | | | |
| Telephone |  | | | |
| Mobile |  | | | |
| Email |  | | | |

1. **Training Fees**

|  |  |
| --- | --- |
| Inspector Existing Member | USD 250 |
| Insp. Non-Member Airline | USD 500 |
| Refresher for Inspectors | USD 250 |
| GSP and Others | USD 500 |

1. **Payment**

Payment of the fee must be by one of the following methods:

|  |
| --- |
| Via the IATA Clearing House (Members of IATA Clearing House and ACH only) |
| By Bank Transfer |

* **Only make payment once the registration has been confirmed by IATA and an official invoice is sent.**
* Payment must be done at least 15 days before the training to warrantee the seat.
* If candidate cannot attend, a credit for the next available training will be given.

##### BANK TRANSFER DETAILS FOR IATA

**Official Name on the Bank Account:**

ROYAL BANK OF CANADA - 1 Place Ville Marie - Montreal, Québec, CANADA

Branch/Transit number: 00001 - Bank ID: 003 - Swift Code: ROYCCAT2 - ABA : 021000021 - USD Bank Account # : 400938-7

*Please remember to always quote the Invoice Number on your bank transfer.*

1. **Billing Details (Only applicable for non-member airlines)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Customer Details** | | **Contact Person** | |
| Customer Name (Company Name) |  | Name (First + Last) |  |
| Address Line 1 |  | Function |  |
| Address Line 2 |  | Department |  |
| PO Box |  | Telephone |  |
| Postal Code |  | Email |  |
| City |  |  |  |
| Region/ Province/ State |  |  |  |
| Tax Jurisdiction (Canadian airline only) |  |  |  |
| Country |  |  |  |
| Email (not contact specific) |  |  |  |
| **Other Information (Mandatory if active ICH member)** | | | |
| ICH Code |  | | |
| ICH Currency Zone |  | | |
| ICH Status |  | | |
| SIS - Country Location Code |  | | |
| SIS - Location Code |  | | |
| VAT Exempt |  | | |
| VAT Number (European based airline only) |  | | |

1. **Registration Preparer**

*I declare that I am authorized to prepare and submit this application to IATA.*

*Application Prepared by:*

*Date:*