



## SELLER OF TRAVEL REGISTRATION APPLICATION

**New  
Applicants  
Only**

**MAIL COMPLETED ORIGINAL APPLICATION TO:**

**Seller of Travel Program  
Office of the Attorney General  
Department of Justice  
300 South Spring Street, Suite 1702  
Los Angeles, CA 90013-1230  
website: <https://oag.ca.gov/travel>  
email: [sellers.travel@doj.ca.gov](mailto:sellers.travel@doj.ca.gov)**

**PRINT OR TYPE**

1. Business Name: \_\_\_\_\_

Business Name as it will appear on the registration certificate

2. Date that the applicant will first advertise, offer, arrange, contract for or sell travel services to persons in California [See section 17550.1(a)] or date of first activity if applicant has already engaged in any of these activities:

Business Start Date \_\_\_\_\_

3.a. Applicant's principal place of business (must be a physical location, not a P.O.Box or postal mail center):

Address (Street) \_\_\_\_\_ Email Address(es) \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_ Business Telephone \_\_\_\_\_

Country \_\_\_\_\_ Business Fax \_\_\_\_\_

List all Business URLs [Website Address(es)] \_\_\_\_\_

ARC Number \_\_\_\_\_ IATAN Number \_\_\_\_\_ CLIA Number \_\_\_\_\_

3.b. Complete information for all other business locations not already listed in 3.a.

(1) Address (Street) \_\_\_\_\_ ARC Number \_\_\_\_\_ IATAN Number \_\_\_\_\_ CLIA Number \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Business Name(s)/DBA(s) \_\_\_\_\_

(2) Address (Street) \_\_\_\_\_ ARC Number \_\_\_\_\_ IATAN Number \_\_\_\_\_ CLIA Number \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Business Name(s)/DBA(s) \_\_\_\_\_

**Attach additional pages as needed.**

**All statutory references are to the California Business and Professions Code.**



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### 3.c. Applicant's mailing address or postal mail center (if different from 3.a.):

Address (Street)

P.O. Box/Postal Mail Center

OR

City, State, and Zip Code

City, State, and Zip Code

### 4. Fictitious Business Name (if any):

(1)

Fictitious Business Name (DBA)

(2)

Fictitious Business Name (DBA)

(3)

Fictitious Business Name (DBA)

(4)

Fictitious Business Name (DBA)

### 5. Provide complete information for the primary contact person:

Primary Contact Person Name

Position/Title

Email Address

Telephone

### 6. Names of all managers associated with the business or entity (if any):

(1)

Manager's Full Name

(2)

Manager's Full Name

### 7.a. Type of entity (check one):

**Corporation**

California Secretary of State No.: \_\_\_\_\_ OR California Franchise Tax Board No.: \_\_\_\_\_

Is the corporation an issuer or subsidiary of an issuer of securities that are listed on a national securities exchange or designated as a national market system security?

YES If YES, identify the exchange \_\_\_\_\_

NO

**Limited Liability Entity**

California Secretary of State No.: \_\_\_\_\_ OR California Franchise Tax Board No.: \_\_\_\_\_

Limited Liability Company (LLC)

Limited Liability Partnership (LLP)

Limited Partnership (LP)

**Sole Proprietorship**

**General Partnership**

Attach additional pages as needed.

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### 7.b. Ownership (check ONLY one):

- Owner is a Sole Proprietor, Corporation, Limited Liability Company, Partnership
- Trustee - (List all Trustees if Owner is a Trust.)
- Parent Entity Ownership - Owning 10% or more of business. (List name of parent entity.)
- Power of Attorney - (Attach Power of Attorney document.)

### 7.c. A natural person's information, not a business entity, must be listed below.

(1)

Full Name	Position/Title	
Residence Address (Street)	Owner's Personal Email Address	
City, State, and Zip Code	Residence Telephone	
Driver's License Number	State	Date of Birth
Social Security Number/Other National ID Number	State or Country of issuance (If other national ID)	

(2)

Full Name	Position/Title	
Residence Address (Street)	Owner's Personal Email Address	
City, State, and Zip Code	Residence Telephone	
Driver's License Number	State	Date of Birth
Social Security Number/Other National ID Number	State or Country of issuance (If other national ID)	

### 7.d. Is the Owner a Business Legal Entity (Parent Company)?

- YES If YES, list name of parent company and submit one officer's information below.
- NO

(1)

Name of Parent Company		
Full Name	Position/Title	
Residence Address (Street)	Owner's Personal Email Address	
City, State, and Zip Code	Residence Telephone	
Driver's License Number	State	Date of Birth
Social Security Number/Other National ID Number	State or Country of issuance (If other national ID)	

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## SELLER OF TRAVEL REGISTRATION APPLICATION

8.a. Has any judgment, order, plea of no contest, or any criminal conviction ever been entered against the applicant, any owner or principal, or any other seller of travel owned or managed by any owner or principal of the applicant, or the applicant itself? Include anyone listed in Questions 7.c. and 7.d.

- YES If yes, complete question 8.b.  
 NO

**Attach additional pages as needed.**

8.b. If the answer to Question 8.a. is YES, then provide the following information for each such person or entity:

\_\_\_\_\_  
Name of Seller of Travel, Owner, or Principal

\_\_\_\_\_  
Name of the Court or Admin. Agency rendering the Judgment, Order or Conviction

\_\_\_\_\_  
Docket Number

\_\_\_\_\_  
Date of Judgment or Order

\_\_\_\_\_  
Describe the nature of the case/judgment:

9. Financial requirement pursuant to sections 17550.15 and 17550.16:

Choose **ONE** option by checking the corresponding box:

- OPTION 1: Trust Account.** Include all trust accounts, including accounts held by additional business locations and/or DBA locations.

**Attach Form 300** if an officer or employee is designated to manage the trust account.

\_\_\_\_\_  
Trust Account Number

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Trust Account Name (As shown on bank records)

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
City, State, and Zip Code

- OPTION 2: Surety Bond.** Provide the following information for your qualifying Surety Bond.

\_\_\_\_\_  
Surety Bond Issuer

\_\_\_\_\_  
Amount of Bond

\_\_\_\_\_  
Surety Bond Number (Policy Number)

\_\_\_\_\_  
Expiration Date

- OPTION 3: Consumer Protection Deposit Plan.**  
Attach the original letter from the Plan Administrator showing your participation in this plan

- OPTION 4: Credit Card Transactions.**  
Attach the Seller of Travel Affidavit, Form 750

10. Does or will the applicant sell, market, or distribute "travel certificates?"

- YES If "YES," attach a copy of the travel certificate.  
 NO

**Attach additional pages as needed.**

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11. Does or will the applicant sell membership discount travel to the general public, as defined in 17550.27?

- YES If YES, please note that a \$100,000 bond is required.  
 NO

12. Does or will the applicant have independent agents as defined in section 17550.20(g)? Applicant must submit a list of independent agents by email at [sellers.travel@doj.ca.gov](mailto:sellers.travel@doj.ca.gov) in an Excel format as described in instructions.

- YES  
 NO

13. Has the applicant, any owner, or manager of the applicant been previously registered as a seller of travel?

- YES, If YES, \_\_\_\_\_  
Previous Business Name and Registration Number  
 NO

14. Is the registering business a participant in the Travel Consumer Restitution Corporation (TCRC) Fund?

- YES If YES, provide **TCRC Control Number:** \_\_\_\_\_  
**Note:** Your TCRC control number must be provided here in order to complete the registration process.
- NO, If No, check all that apply:
- a.  Applicant does not do business or advertise to persons located in California, including by internet advertisement; but has a location in California.
  - b.  Applicant's principal place of business is outside California.
  - c.  Applicant has no location or agent in California.
  - d.  Applicant is neither an issuer nor a subsidiary of an issuer of securities that are listed on a national securities exchange or designated as a national market system security.

**See instructions to determine if TCRC is required.** You may visit TCRC's website at [www.tcrcinfo.org](http://www.tcrcinfo.org) or call (530) 809-4220 to learn more on how to apply. The TCRC and the Attorney General's Seller of Travel Program are separate entities and require separate applications and payment.

### **IMPORTANT INFORMATION**

**Fees:** Include your registration fee of \$100 per location. If applicable, submit a late fee payment with the application. Fees are payable to the Department of Justice. See instructions for more information regarding fees. **Do not pay** your seller of travel registration fees from any trust account. A check issued upon the trust account will be rejected. **All fees are non-refundable even if a seller of travel registration is not issued.**

Your registration will not be complete until the Seller of Travel Program has issued a valid Seller of Travel Acknowledgment of Registration letter which includes a Seller of Travel Certificate. Registrants are required to provide written notice within ten (10) days prior to any material change.

**Make a copy of this completed application packet for your records.**

**Attach additional pages as needed.**

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# SELLER OF TRAVEL REGISTRATION APPLICATION

## APPLICATION DECLARATION

and

## AUTHORIZATION FOR EXAMINATION OF BUSINESS RECORDS

### Authorization for Examination of Business Records:

1. I hereby irrevocably agree the Attorney General, district attorneys, and their representatives, upon written request, have the right to examine and copy any and all business records pertaining to the above-mentioned travel business, wherever those records may be held, including financial institutions, credit unions, service providers, carriers, other sellers of travel, the Airlines Reporting Corporation (ARC) and International Association of Travel Agents Network (IATAN). Business records pertaining to the above-referenced travel business include, but are not limited to: trust accounts, escrow accounts or bonds; claimed exemption(s) from the trust accounts, escrow accounts or bond requirements; travel business accounts; accounts used for travel business transactions; accounts to which trust funds or consumers' funds have been deposited; ledgers and canceled checks.

2. This irrevocable authorization is made as required by sections 17550.15(f)(2), 17550.21(g)(4) and 17550.21(h), for the purposes of the Seller of Travel Law (Sections 17550 et seq.) and remains in effect as long as the seller of travel, financial institution, or other custodian of records retains records.

**Each owner, officer, member or principal listed in questions 7.c. and 7.d. with 10% or more ownership interest is required to sign below. A manager is not permitted to sign.**

**I declare under penalty of perjury under the laws of the State of California that all of the information provided in answer to questions 1 - 14 of the application is true and correct.**

(1) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Position/Title City, State Date

(2) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Position/Title City, State Date

(3) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Position/Title City, State Date

(4) \_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Position/Title City, State Date

**Attach additional pages as needed.**

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## SELLER OF TRAVEL REGISTRATION APPLICATION

Seller of Travel

Privacy Notice on Data Collection

As Required by Civil Code § 1798.17

### Privacy Notice

**Collection and Use of Personal Information.** The Public Rights Division in the Department of Justice collects the information requested on this form as authorized by Government Code sections 11180, 11181, and 11182, and Business and Professions Code sections 17550 et seq. The Public Rights Division uses this information in its review of your application to register, renew, or update your registration as a Seller of Travel. (Bus. & Prof. Code, § 17550.1.) We may also use this information to investigate any alleged misconduct and in any law enforcement action based on that misconduct. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at <https://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided.

**Access to Your Information.** You may review the records maintained by the Public Rights Division in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to review your registration application, renewal, or registration update as a Seller of Travel, we may need to share the information you give us with other government agencies. This may include sharing any personal information you gave us. We may also need to share the information to further any investigation of any claim against you by the Travel Consumer Restitution Corporation, or a government or law enforcement agency. In addition, some of your information, including the name of the business owner and the business's address, will be available and searchable on our website.

The information you provide may also be disclosed in the following circumstances:

- o With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- o To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact an analyst at the Seller of Travel Program at [sellers.travel@doj.ca.gov](mailto:sellers.travel@doj.ca.gov) or call (213) 269-6564. All records are maintained at the Los Angeles office at 300 S. Spring St., Suite 1702, Los Angeles, CA 90013.