SELLER OF TRAVEL REGISTRATION APPLICATION

(Previous or current registrants please use Registration Renewal Form)
Use additional pages if necessary OR submit in a read-only electronic format, for each question.

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

PLEASE PRINT OR TYPE

Seller of Travel Program website: http://ag.ca.gov/travel
Seller of Travel Program e-mail: Sellers.Travel@doj.ca.gov

1. Legal name of applicant: _____
LEGAL NAME

2.a. Has the applicant, any owner, or manager of the applicant been previously registered as a Seller of Travel?

☐ YES If "YES," _____
PREVIOUS BUSINESS NAME
_____
PREVIOUS BUSINESS ADDRESS
_____
FILE NUMBER OR PREVIOUS SELLER OF TRAVEL REGISTRATION NUMBER

☐ NO

2.b. Date that applicant will first advertise, offer, arrange, contract for or sell travel services to persons in **California** [See Business & Professions Code section 17550.1(a)].

---or---

If applicant has already engaged in any of these activities, date of first activity: _____
BUSINESS START DATE

3.a. Type of ownership (check one):

☐ Sole Proprietorship ☐ Corporation ☐ Limited Liability Company
☐ Partnership ☐ Other: _____

3.b. If applicant is a corporation, partnership or other business entity, provide the Federal Tax Identification Number\EIN, and the state or foreign country of registration:

_____ _____ _____
FEDERAL TAX ID / EIN PLACE RECORD/CORP. NO.

3.c. If applicant is a corporation or other business entity:

i. Is the corporation in good standing with the Secretary of State?

☐ YES
☐ NO If "NO," please explain _____

ii. 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

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4.a. Applicant's principal place of business (must be a physical location, not a P.O. box):

STREET _____ ARC/IATAN NUMBER (IF ANY) _____

CITY, STATE, AND ZIP CODE _____ COUNTRY _____

4.b. Applicant's mailing address (if different from 4.a.):

STREET / P.O. BOX _____

CITY, STATE, AND ZIP CODE _____ COUNTRY _____

5. Provide the following contact information for the business:

BUSINESS TELEPHONE _____ BUSINESS FAX _____

E-MAIL ADDRESS(ES) _____

LIST ALL BUSINESS URLS [WEB SITE ADDRESS(ES)] _____

6. Provide complete information for the primary contact person:

PRIMARY CONTACT PERSON NAME _____ POSITION/TITLE _____

E-MAIL ADDRESS _____ TELEPHONE _____

7.a. Provide complete information for all fictitious business names/DBA(s):

(1) FICTITIOUS BUSINESS NAME (DBA) _____ COUNTY WHERE FILED _____

(2) FICTITIOUS BUSINESS NAME (DBA) _____ COUNTY WHERE FILED _____

(3) FICTITIOUS BUSINESS NAME (DBA) _____ COUNTY WHERE FILED _____

(4) FICTITIOUS BUSINESS NAME (DBA) _____ COUNTY WHERE FILED _____

*****MUST ATTACH A COPY OF THE FICTITIOUS BUSINESS NAME STATEMENT FOR EACH DBA LISTED*****

7.b. Provide complete information for all business locations, not already listed, including the business name(s)/DBA(s) used:

(1) STREET, CITY, STATE, ZIP CODE _____ ARC/IATAN (IF ANY) _____

BUSINESS NAME(S)/DBA(S) _____ TELEPHONE _____

(2) STREET, CITY, STATE, ZIP CODE _____ ARC/IATAN (IF ANY) _____

BUSINESS NAME(S)/DBA(S) _____ TELEPHONE _____

(3) STREET, CITY, STATE, ZIP CODE _____ ARC/IATAN (IF ANY) _____

BUSINESS NAME(S)/DBA(S) _____ TELEPHONE _____

Attach additional pages if necessary OR submit in a read-only electronic format.

7.c. Total number of business locations: _____

COMBINE 4.a. AND 7.b.

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8.a. Provide complete information for each owner and principal of the seller of travel. "Owner" means a person, corporation or other business entity that owns or controls 10 percent or more of the equity of, or otherwise has claim to 10 percent or more of the net income of, a seller of travel. "Principal" means an owner, an officer of a corporation, a general partner of a partnership, or a sole proprietor of a sole proprietorship:

(1)

FULL NAME _____ POSITION/TITLE _____

RESIDENCE ADDRESS, STREET, CITY, STATE and ZIP CODE _____ RESIDENCE TELEPHONE _____

OWNER'S PERSONAL E-MAIL ADDRESS _____ CELL PHONE (OPTIONAL) _____

DRIVER'S LICENSE OR EQUIVALENT PERSONAL ID _____ STATE _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER OR OTHER NATIONAL ID NUMBER _____ STATE OR COUNTRY OF ISSUANCE (IF OTHER NATIONAL ID) _____

(2)

FULL NAME _____ POSITION/TITLE _____

RESIDENCE ADDRESS, STREET, CITY, STATE and ZIP CODE _____ RESIDENCE TELEPHONE _____

OWNER'S PERSONAL E-MAIL ADDRESS _____ CELL PHONE (OPTIONAL) _____

DRIVER'S LICENSE OR EQUIVALENT PERSONAL ID _____ STATE _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER OR OTHER NATIONAL ID NUMBER _____ STATE OR COUNTRY OF ISSUANCE (IF OTHER NATIONAL ID) _____

Attach additional pages if necessary OR submit in a read-only electronic format.

8.b. Provide names of all managers associated with the business or entity:

(1) _____ MANAGER NAME

(2) _____ MANAGER NAME

9.a. Has any judgment, including a stipulated judgment, order, plea of nolo contendere, 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 in your answer anyone listed in Question 8.a. 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 If "YES," complete question 9.b.

☐ NO

9.b. If Question 9.a. is "YES" for any of the Seller of Travel, Owner or Principal then provide the following information for each such person:

(1)

NAME OF SELLER OF TRAVEL, OWNER, OR PRINCIPAL _____

NAME OF THE COURT OR ADMINISTERING AGENCY RENDERING THE JUDGMENT, ORDER, OR CONVICTION _____

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/judgment: _____

If necessary, attach additional documentation for each additional judgment, order, or conviction.

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10. Financial requirement pursuant to Business and Professions Code sections 17550.15 and 17550.16:

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS TO FULFILL THE REQUIREMENT

OPTION 1: **Trust Account:** A trust account is separate from an operating or general account. The trust account is used to deposit consumer funds and to pay your travel service providers. The trust account cannot be used for business and personal expenses, or to pay the seller of travel registration fee. After you have paid your travel service providers, you may withdraw monies owed to you as compensation for the sale of travel services. The operating account is used to pay out salaries, utilities, and such other operational expenses. **Please complete Question 10.a. if you elect this option.**

OPTION 2: **Surety Bond:** You may elect to purchase a Surety Bond to protect customer payments. Your Surety Bond must be "adequate" to cover the amount that would be required to be held in a Trust Account if you were to have used a Trust Account. One way to estimate that amount that your Surety Bond should cover is to determine the highest single day's balance of customer money which would be held by you before being forwarded to the providers of transportation or travel services. You should make appropriate upward adjustments to your estimates and Surety Bond as circumstances change. **Please complete Question 10.b. if you elect this option.**

OPTION 3: **Consumer Protection Deposit Plan:** You may 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 and in full compliance of Business & Professions Code section 17550.16(b). A Consumer Protection Deposit Plan, by statute, requires depositing with the Administrator of the Plan a minimum of $1,000,000. As of August 28, 2002, participation in the Deposit Plan is only by application to the United States Tour Operators Association (USTOA). **Please complete Question 10.c. if you elect this option.**

10.a. **TRUST ACCOUNT:** Provide the following information for all trust account(s), including those accounts held by additional business locations and/or DBA locations:

TRUST ACCOUNT NUMBER _____ BANK NAME _____

TRUST ACCOUNT NAME (As shown on bank records) _____ STREET _____

CITY, STATE, AND ZIP CODE _____

Form 300 is required when an officer or employee is designated to manage the trust account.

☐ ATTACHED

Attach additional pages if necessary OR submit in a read-only electronic format.

10.b. **SURETY BOND:** Provide the following information for your qualifying Surety Bond:
(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 _____ EXPIRATION DATE, IF ANY _____

A complete and current Seller of Travel Surety Bond **Form 400** is **REQUIRED**: ☐ ATTACHED

10.c. **CONSUMER PROTECTION DEPOSIT PLAN:** Attach the original letter from the Plan Administrator showing your participation in this Plan. ☐ ATTACHED

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

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

☐ NO

11.b. Does or will the applicant sell membership discount travel to the general public, pursuant to Business & Professions Code section 17550.27?

☐ YES If "YES," please note that a $100,000 bond is required.

☐ NO

11.c. Does or will the applicant sell membership discount to travel agents, pursuant to Business & Professions Code section 17550.26?

☐ YES

☐ NO

12.a. Does or will the applicant have independent agents as described in Business & Professions Code section 17550.20(g)?

☐ YES If "YES," complete information below, for all independent agents

☐ NO

(1)
INDEPENDENT AGENT NAME _____ TELEPHONE _____
STREET, CITY, STATE, AND ZIP CODE _____

(2)
INDEPENDENT AGENT NAME _____ TELEPHONE _____
STREET, CITY, STATE, AND ZIP CODE _____

(3)
INDEPENDENT AGENT NAME _____ TELEPHONE _____
STREET, CITY, STATE, AND ZIP CODE _____

(4)
INDEPENDENT AGENT NAME _____ TELEPHONE _____
STREET, CITY, STATE, AND ZIP CODE _____

(5)
INDEPENDENT AGENT NAME _____ TELEPHONE _____
STREET, CITY, STATE, AND ZIP CODE _____

(6)
INDEPENDENT AGENT NAME _____ TELEPHONE _____
STREET, CITY, STATE, AND ZIP CODE _____

Attach additional pages if necessary OR submit in a read-only electronic format.

12.b. Is the applicant a host agency?

☐ YES

☐ NO

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13. **FEES:** Include your registration fee and, if applicable, a late fee payment with the application. Fees are payable to the **Department of Justice**:

a) **Registration Fee Calculation**: Multiply the total number of locations from Question 7.c. by $100. If this application is more than one year late, multiply each location by the number of years that location was operated and place that number as the total location.

_____ x $100.00 = $ _____
TOTAL LOCATIONS FROM Q.7.c. TOTAL REGISTRATION FEE

b) **Late Fee Calculation**: 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. Filing Deadline Date
10 days prior to business start date (Question 2.b.): = _____
FILING DEADLINE DATE

2. Number of days late. If application is postmarked after filing deadline then subtract the filing deadline date from the postmark date:

_____ - _____ = _____
POSTMARK DATE DATE FROM Q. 13.b.1. TOTAL NUMBER OF DAYS LATE

3. Late Fees due ($5 for each day late, not to exceed the maximum of $500)

Number of days late x $5.00
(Q. 13.b.2.)
= $ _____
LATE FEES DUE (Maximum of $500)

Note: If the application is postmarked more than one year late past the business start date, then you are required to pay fees for each unregistered year. See instructions for an example.

c) Total Fees Calculation (Registration + Late Fees):

$ _____ + _____ = $ _____
TOTAL FROM Q 13.a. TOTAL FROM Q 13.b.3. **TOTAL FEES DUE**

CAUTION: Do not pay your seller of travel registration fee or late fee from any trust account established pursuant to Business & Professions Code section 17550.15. A check issued upon the trust account will not be accepted by our office. Disbursement of passengers' funds for purposes other than payment for contracted goods and services or to make refunds may be a crime.

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14. **TRAVEL CONSUMER RESTITUTION FUND (TCRF)** A seller of travel must participate in TCRF if:

(1) The seller of travel has its principal place of business in California and that seller of travel does business with persons located in California; or

(2) The seller of travel or any of its subsidiaries issues securities that are listed on a national securities exchange or designated as a national market system security, and that seller of travel does business with persons in California from at least one location or through at least one agent in California.

For purposes of these requirements, "doing business" with persons in California includes advertising in any manner (including via Internet) to persons in California.

The Travel Consumer Restitution Corporation (TCRC) and the Attorney General's Seller of Travel Program are separate entities and require separate applications and separate fees paid to each. You may visit TCRC's website at www.tcrcinfo.org, to learn more about how to apply. TCRF fees must be paid directly to the Travel Consumer Restitution Corporation.

Is the registering business a participant in the Travel Consumer Restitution Fund (TCRF)?

☐ YES If "YES," provide **TCRC Control Number** _____

Note: Your TCRC control number must be provided here in order to complete the registration process.

☐ NO

a. ☐ Applicant does not do business or advertise to persons located in California, including by Internet advertisement;

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.

PLEASE NOTE

Your registration will not be complete until we issue a valid Seller of Travel Acknowledgment of Registration letter which includes a Seller of Travel certificate. **IMPORTANT: Make a copy of this completed application packet for your records!**

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 **Form 600** for adding or deleting owners or partners or creating encumbrances. You must submit Form 600 at least ten (10) days prior to the effective date of any transfer of ownership. For other changes use **Form 500** or write a letter noting the amendments and submit it within ten (10) days of the change.

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VERIFICATION PAGE

All Principals (Owners, Officers, Directors, Members, 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 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 1-14, of the Registration Application, and the attached Forms are 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 _____

(5) PRINT NAME _____ SIGNATURE _____
POSITION/TITLE _____ CITY, STATE _____ DATE _____

(6) PRINT NAME _____ SIGNATURE _____
POSITION/TITLE _____ CITY, STATE _____ DATE _____

(7) PRINT NAME _____ SIGNATURE _____
POSITION/TITLE _____ CITY, STATE _____ DATE _____

(8) PRINT NAME _____ SIGNATURE _____
POSITION/TITLE _____ CITY, STATE _____ DATE _____

(9) PRINT NAME _____ SIGNATURE _____
POSITION/TITLE _____ CITY, STATE _____ DATE _____

(10) PRINT NAME _____ SIGNATURE _____
POSITION/TITLE _____ CITY, STATE _____ DATE _____

Attach additional pages if necessary.

SELLER OF TRAVEL AUTHORIZATION FOR DISCLOSURE OF BUSINESS RECORDS

_____
CST NUMBER

REQUIRED FOR ALL SOLE PROPRIETORSHIPS, PARTNERSHIPS & TRUSTS — Form 100

I, _____
NAME

_____
TITLE

on my behalf and behalf of _____
BUSINESS NAME

at _____
ADDRESS OF PRINCIPAL PLACE OF BUSINESS

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 Airlines Travel Agent 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.

This irrevocable authorization is made as required by Business & Professions Code 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.

_____ _____
DATE SIGNED SIGNATURE

SELLER OF TRAVEL AUTHORIZATION AND CONSENT

CST NUMBER

REQUIRED FOR ALL CORPORATIONS — Form 100-A

The following signatories on behalf of themselves and:

SELLER OF TRAVEL NAME

grant permission, pursuant to Business and Professions Code §§17550.21(g)(4) and 17550.21(h), to the Office of the Attorney General, the District Attorney and their representatives to obtain information from any financial institution or credit union, relating to any trust account or other account where passenger funds have been deposited which the undersigned and/or the above seller of travel maintains, pursuant to Business and Professions Code §17550.15, at such institution.

This authorization and consent form is irrevocable and shall remain in effect as long as the financial institution or credit union retains such records.

Each director, officer, member, owner or principal has signed below.

I declare, under penalty of perjury under the laws of the State of California that the foregoing is true and correct and was executed on the date or dates set forth below.

(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

(5)

PRINT NAME | SIGNATURE

POSITION/TITLE | CITY, STATE | DATE

Attach additional pages if necessary

SELLER OF TRAVEL
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PRIVACY NOTICE
As Required by Civil Code §1798.17

Information Collection, Use and Access

Collection and Use of Personal Information: The Seller of Travel Program Enforcement Unit (SOT Enforcement Unit) of the California Department of Justice collects the information on this form as authorized by Government Code sections 11180, 11181, and 11182, and Business and Professions Code sections 17550 et seq. The SOT Enforcement Unit 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 http://oag.ca.gov/privacy.

Providing Personal Information is Required: All of the personal information requested in the form must be provided, including but not limited to all information required in Business and Professions Code section 17550.21 (including name, complete business and residential addresses and telephone numbers, driver's license number and state of issuance or equivalent personal identification, Social Security number, and the date of birth of each owner and principal of the seller of travel.) This form may not be processed for failure to provide all personal information requested.

Access to Your Information: Upon request, you may review the registration materials and forms that you submitted to the SOT Enforcement Unit.

Possible Disclosure of Personal Information: In order to process your registration, renewal, registration update, or application, 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 any other 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:

- In response to a Public Records Act Request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information: For questions about your registration, please contact the Seller of Travel Program at **sellers.travel@doj.ca.gov** or call (213) 897-8065.