



IATAN Travel Professional Profile Form

This form should be completed by all Travel Professionals participating in the IATAN Registration Program and for those applying for an IATA/IATAN ID card. Make copies of this form as necessary for all owners, managers and employees that will be registered to the IATAN Personnel List. Please note that the owner or Account Administrator can register employees through our online services once the agency is accredited.

You will receive a confirmation email with your IATAN Personnel Registration ID Number (PRIN) once the form is processed, and a Personnel List will be emailed to the entity's email address.

1. Personal Information

First & Last Name: _____
PRIN / Verification #: _____
Have you had a name change? ☐ Yes ☐ No New Name: _____
Date of Birth (mm/dd/yyyy): _____ Sex: ☐ Male ☐ Female
Last four digits of Social Security: XXX – XX – _____
Email Address: _____
Business Telephone Number: _____ Mobile Number: _____
Residence of Applicant: City: _____ State: _____

2. Location Information

Provide the IATA Numeric Code and name of the accredited location where you are currently employed (if applicable).

IATA Numeric Code: _____
Start Date (mm/dd/yyyy): _____ (You must supply the start date with this entity)
Name of Business: _____
Address: _____
City: _____ State: _____ Zip: _____

3. Status Information – You must complete the status – position, duties, weekly hours and yearly earnings.

Position: Check one (1) box only

- ☐ **“S” Sole Proprietor:** On record with IATAN as the single lawful owner of 100% of the business entity
- ☐ **“P” Partner – LLC or Partnership:** On record with IATAN as each holding at least 20% ownership of the business entity
- ☐ **“C” Stockholder – INC.:** On record with IATAN as owning at least 20% of the stock of the business entity
- ☐ **“M” Manager:** Any person holding a management position in the business entity, paid with W2's
- ☐ **“E” Employee:** A person routinely and regularly working as an employee and carried on payroll or disbursement records at the business entity, paid with W2's
- ☐ **“I” Independent Contractor:** A person who is working for the business entity pursuant to a written contract or agreement in compliance with applicable laws and regulations and with verifiable earnings or commissions reported by 1099 as per US law

Duties: Check one (1) box only

- ☐ **“A” Administration:** A person who works at the business entity processing the day to day administrative work dealing with travel, meetings and / or groups
- ☐ **“I” Inside Sales:** A person who works within the business entity booking travel, meetings and / or groups
- ☐ **“X” Outside Sales:** A person who works outside the business entity booking travel, meetings and / or groups





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Weekly Hours: Check one (1) box only

- ☐ "1" A person who works for the business entity **35 hours or more per week**
☐ "2" A person who works for the business entity **25 – 34 hours per week**
☐ "3" A person who works for the business entity **20 – 24 hours per week**
☐ "4" A person who works for the business entity **5 – 19 hours per week**

Yearly Earnings: Check one (1) box only

- ☐ **\$5,000 or over** - as reported on W2 or 1099 from the business entity
☐ **Under \$5,000**
☐ **20% owner or more** who does not draw salary

4. Employee Termination – Must be completed to delete Professionals who no longer work at the business entity.

Employee PRIN / Verification #: _____ Termination Date (mm/dd/yy): _____

I, THE BELOW SIGNED, HEREBY CERTIFY AND ACKNOWLEDGE:

1. That the statements made in this application are true and correct.
2. That IATAN has the right to verify, by inspection or other lawful means, that the information supplied is true and correct and in the event this is declined or necessary documentation is not made available, IATAN may amend or suspend registration and notify its subscribing customers.
3. That the applicant will inform IATAN promptly of any changes to information and employment status.
4. That by completing this application, the registrant will appear on the IATAN Personnel List. The owner / manager understand that the applicant may request and receive an IATA/IATAN ID card if the applicant meets the qualifications.
5. That IATAN is authorized to disclose information to industry suppliers regarding the applicant's status with the IATAN business entity at which he/she is registered, as well as the business entity status with IATAN.

SIGNATURES – both signatures are required for processing.

Signature of Applicant: _____ Printed Name of Applicant: _____

Signature of Owner/Manager: _____ Printed Name of Owner/Manager: _____

PRIN / Verification # of Owner/Manager: _____ Date (mm/dd/yy): _____
(IATAN PRIN / Verification # of Owner/Manager is needed for verification of signature)

Please send signed application to IATAN:

Website: <http://www.iatan.org/Pages/contact.aspx>

Email: info@iatan.org

Mail: IATAN, 703 Waterford Way, Suite 600, Miami, FL 33126

