

## **Registration Checklist for Branch Offices**

A guide for completing a new application for registration with TICO

This document outlines the information and documentation requirements to be considered for TICO registration for a branch office.

### **Important Notes**

- Incomplete applications will be returned.
- Applications received without the registration fee will be returned.
- Target processing time for complete applications with no issue/concerns is 30 days or sooner.
- To facilitate processing, we kindly ask that you complete the PDF application form and other supplementary documents on a computer rather than printing it and filling it by hand.

A	dia dia Frantamantala
Abb	olication Fundamentals
	\$800 <b>non-refundable</b> registration application processing fee payable to Travel Industry Council of Ontario (certified cheque or bank draft).
	Application Form
	<ul> <li>Please complete all fields on the form marked as required and applicable to your business.</li> </ul>
	Terms & Conditions of Registration signed by a person authorized to bind the company and signed by a witness.
Bus	siness Address
locati	must carry on business from a permanent place of business in Ontario. This could be a dedicated office in a commercial ion or a dwelling (residential location). Also, the office must be managed and supervised by a person that has obtained the certifications for a travel counsellor and travel supervisor/manager.
If O	perating from Residential Location
	ne branch will operate from a residential location, please be aware that this address will serve as the business address of the nch office and will be publicly disclosed to consumers when advertising and conducting business.
The	e following requirements apply if operating from a residential location:
	Proof that the residential location meets municipal zoning requirements, i.e., letter of approval from local municipality.
	Terms and Conditions for Residential Location signed by a person authorized to bind the company.
	Business Phone Number
	te: A personal phone number is not permitted. A separate business telephone number (landline or a mobile phone) can be ad and must be registered to the business, i.e., searchable/accessible to the public.
Des	signated Supervisor / Manager
	Valid government photo identification for each person
	Canadian Criminal Record Check (CRC) for each person.
	<b>Note:</b> This can be obtained from some OPP detachments or most Municipal Police Services. A CRC can also be obtained from an online background check service provider. TICO has partnered with <a href="Sterling Backcheck / MyBackCheck.com">Sterling Backcheck / MyBackCheck.com</a> to assist applicants with obtaining this report.
	The designated supervisor or manager must disclose all particulars regarding any bankruptcies, judgements, and/or discharges that they may have had at any time.
	Note: A credit check is required but will be obtained by TICO.
	The designated manager is required to be available to supervise and manage the business during its hours of operation.
	<u>Designated Manager Declaration Form</u> completed by the designated Manager and signed by a person authorized to bind the company.
	Legally entitled to work in Canada.
	TICO Education Standards Certificates for Travel Counsellor Supervisor/Manager
	The designated manager must have sufficient travel industry experience (minimum 3 years)

Supporting documentation including a CV/Resume in addition to other supporting documents, e.g., letters of reference from previous employer(s), tax, income, or other employment record(s).

#### Notes:

- If the experience is outside of Ontario, you may provide any documentation available that supports the experience, such as the examples listed above.
- Any document submitted in a foreign language, other than French must be accompanied by a certified translation.

### **Additional Notes**

- TICO reserves the right to request any additional information and/or supporting documentation and to verify any
  information contained in the application. This can include conducting inquiries as necessary to determine your eligibility for
  registration.
- You should not be operating or advertising travel services without first being approved for registration with TICO. Please ensure you are compliant with legislated requirements.

### **Refusal of Registration**

In some cases, an application for registration can be refused. Common reasons why TICO would propose to refuse to register an applicant are:

- The applicant's financial responsibility in conducting business is questionable. This could be due to their own financial position or that of an interested party related to the applicant.
- Past conduct, including but not limited to the results of a criminal background check, provides reasonable grounds to believe that the applicant may not conduct business in accordance with law, and with integrity and honesty.
- The applicant, or an employee, or an agent of the applicant makes a false statement, omission, or misrepresentation in the application for registration.
- The designated manager does not have sufficient experience with and knowledge of the business of selling travel services
  to ensure that the office is managed in compliance with the Act and Regulation.

If the Registrar proposes to refuse to register, you will be notified in writing and advised of the reasons. You will also have the right to appeal the decision through the <u>License Appeal Tribunal</u>.

### **Starting Your Business After Registration Is Approved**

TICO has a <u>Starting Your Business</u> resource is specifically designed for newly registered travel agents. It provides essential information to help you navigate the initial stages of your travel business. Whether you need details on registration, compliance, submitting business change requests, guidelines, or access to learning sessions, this resource has you covered.



# **Registration Application Form**

## **Branch Office**

Travel Industry Council of Ontario

The undersigned is applying to the Registrar for registration as a Travel Agent and/or Wholesaler under the *Travel Industry Act, 2002*. The information requested in this application form will be used to determine eligibility for registration with the Travel Industry Council of Ontario in accordance with Ontario legislation.

determine eligibility for regis Ontario legislation.	stration with the	e Travel Indu	istry Council of	Ontario in a	ccordance w	ith
Business Classification Type of Registrati			on For offi		ice use only	
Sole Proprietor Retail Branch			Reg. #:	_		
Partnership	Wholesale Branch		h			
Corporation						
Limited Partnership						
Limited Liability Partnersh	nip					
Notes to Applicants:						
<ul> <li>For the purpose of the or any officer/director</li> <li>Do not submit an appropriate of the necessary of the purpose of the necessary of the purpose of the necessary o</li></ul>	r of a corporati olication for reg ary supporting ensure you su refundable app	on. gistration unti documentati ccessfully co olication proc	il all of the requi on. <b>Refer to ou</b> implete an appli	rements have registrate cation for re	ve been met a ion Checklis egistration.	and you have
1. Head Office Information	·	u.			*	Required Field
Name of Sole Proprietor, Partners, Co	<u> </u>					
Business address in Ontario * Commo	ercial Residence		Address for service in Ontario (if different from business address)			
Shared and/or Co-working Office Space	ce					
City *	Province *	Postal Code *	City		Province	Postal Code
Phone *	Fax		Phone		Fax	
Toll free	e-mail *			Website		
2. Branch Office Inforr	l mation					
Trade name/Business name *						
Business address in Ontario * Commercial Residence			Head Office Registration Number *			
Shared and/or Co-working Office Space	ce					
City *	Province *	Postal Code *	Branch Phone *		Fax	

Website \*

e-mail '

3. Financial Inform								
Note: A sample bank letter	is available for re	ference.						
Name of bank/Financial institution *				Address *				
C\$ Trust Acct # * US\$ Trust Acct #			C\$ General Acct # *		US\$ General Acct#			
Name of bank/Financial institu	tion			Address				
C\$ Trust Acct # US\$ Trust Acct #				C\$ General Acct # US\$ General Acct #				
4. Particulars for		Manager	T		<del>-  </del>			
Social Insurance Number (optio	nal) First Name *		Midd	le	Last	*		
Home address *			Posi	tion held in company (Office	r, Director,	Shareholder, Mana	ger) *	
City *	Province *	Postal Code *	Phor	ne *	Birth	date (MM/DD/YYY	Y) * Sex *	
e-mail *			Cell	Phone *	L		L	
Employment History (go	back three years	) *				From	То	
Name/Address of Employers			Occup	pation/Position/Type of work		MM/DD/YYYY	MM/DD/YYY	
Applicant Declarat	gned by the sole				y all offic	ers and directors	s for	
corporate entities, certifying By signing below, I/we, the documents and supplemen any false statements, omiss registration, should it be graph offence punishable by a fin-	undersigned app stary materials, is sions, or misrepre anted. Additionall	licant(s), affirm accurate, true, esentations may y, I/we understa	that a and co	Il information provided i omplete to the best of m t in the denial of this ap	ny/our kno plication (	owledge. I/we un or future revocat	derstand that ion of	
I/we hereby grant permission		•			-	tion contained ir	n this	
I/we understand that the sumay require further documental that the application registra	bmission of this a entation or inform	application does ation, which I/w	s not a e agre	utomatically result in re ee to provide in a timely	gistration manner.	Additionally, I/w	•	
l/we affirm my/our commitn ensuring consumer protecti		integrity, profes	ssiona	lism, and ethical standa	erds, and	I/we recognize n	ny/our role in	
Date (MM/DD/YYYY) *								
Print Name *				Signature of a				

# tico.ca

Travel Industry Council of Ontario

## **Terms and Conditions of Registration**

In addition to and without limiting the Applicant's obligations upon approved registration to comply with all requirements of the legislation, the Applicant agrees to comply with the following provisions of the *Travel Industry Act*, 2002 (the "Act") and Ontario Regulation 26/05 (the "Regulation"):

### **Compliance Requirements**

### Travel Industry Act, 2002

- Section 8(2) establishes that registration is issued subject to certain conditions.
- Sections 28 & 29(1) of the outline some of the Registrar's powers with respect to false advertising.
- Section 31(3) sets out applicable penalties for persons and corporations convicted of contravening the Act or Regulation.
- Sections 8, 10 and 11 outline other actions that can be taken by the Registrar and your rights regarding these actions.

### **Ontario Regulation 26/05**

- Section 15 requires the agency to have a qualified manager/supervisor available during business hours.
- Section 17 requires notice to TICO of changes to the business within five days.
- Section 18 requires ten days advance notice of ceasing to sell travel services, i.e., closing business and cancelling registration.
- Section 22 requires filing of financial statements each fiscal year or more frequently depending upon your sales volume.
- Section 24 mandates that a positive working capital be maintained.
- Section 27 sets out the trust accounting obligations.
- Section 29 provides details regarding record keeping accounting records, banking records and written records of all payments that must be kept at the registered premises.
- Sections 31 to 35 relate to the advertising requirements.
- Sections 36 & 37 relate to disclosure requirements.
- Section 38 sets out the requirements with respect to statements, invoices, and receipts.

### **Conditions of Registration**

### The Applicant hereby accepts the following conditions to its registration:

- 1. The Applicant acknowledges and agrees to comply will all requirements of the Act and Regulation.
- 2. The Applicant acknowledges the requirement to contribute to the Ontario Travel Compensation Fund (Form 1) as per the Payment Schedule set under clause 12(1)(c) of the Safety and Consumer Statutes Administration Act, 1996.
- 3. The Applicant hereby acknowledges and accepts responsibility for the actions of all counsellors/sales representatives selling travel services or providing travel advice regarding the sales of travel services on behalf of the Applicant. This includes but is not limited to individuals who

are employed or have written contract with the Applicant. The Applicant also acknowledges the responsibility to ensure that all such sellers of travel services must have obtained the required certification for being a travel counsellor and, if applicable, the required certification for being a travel supervisor/manager.

- 4. The Applicant acknowledges that written approval from the Registrar is required before entering into any "risk contracts" with a scheduled or non-scheduled air carrier.
- 5. The Applicant acknowledges and understands that, should it fail to comply with any of the above noted conditions or any other provision of the Act or Regulation, that non-compliance will be taken into consideration and cited in any decision by the Registrar to take further legal or administrative action including a Notice of Proposal to Revoke Registration or Notice of Proposal to Refuse to Renew Registration under the Act.
- 6. The Applicant hereby acknowledges that they have been informed of their right to independent legal advice.

	The Applicant agrees to all the abov Registration.	rementioned Conditions of	
	rogisti ation.		Initials
	As the signatory to this form, I have company.		
			Initials
	The Applicant (and signatory of this consequences resulting from its non		
	conditions.		Initials
	The Applicant (and signatory of this to furnish false information in a TICC		
		ed of this offence may be subject to a to imprisonment for up to two years;	
		ed of this offence may be subject to a	
			Initials
	The Applicant recognizes that makir TICO application will result in the Re	ng or providing a false statement in a	
	1100 application will result in the re-	sgistral relusing same.	Initials
Signed	this day of		
Print Na	ame (authority to bind company)	Applicant Signature	
Witnes	Name	Witness Signature	



## **Designated Manager Declaration Form**

This declaration form must be completed by the supervisor or manager who will be appointed as the designated manager on the registration record. Name of Travel Agency or Branch Name of Manager/Supervisor Social Insurance Number **Note:** Manager must have sufficient travel industry experience (3 years) You must provide supporting documentation including a CV/Resume in addition to other supporting documents, e.g., letters of reference from previous employer(s), tax, income, or other employment record(s). • If the experience is outside of Ontario, you may provide any documentation available that supports the experience, such as the examples listed above. Any document submitted in a foreign language, other than French must be accompanied by a certified translation. 1. Are you now or have you ever been involved in any way with the operation or closing of a corporation (as an officer, director, shareholder), partnership, sole proprietorship or branch office registered under the Travel Industry Act, 2002 for which the Ontario Travel Industry Compensation Fund has paid claims or has claims pending where full recovery payments or arrangements have not been made? ☐ **Yes** (please attach full particulars) □ No 2. Have you ever been found guilty or convicted of an offence under any law or are there any charges now pending? This includes where a conditional discharge or an absolute discharge has been ordered. ☐ **Yes** (please attach full particulars) □ No 3. Are you now or have you ever been insolvent or involved in Bankruptcy, Consumer Proposal or Proposal Proceedings under the Bankruptcy and Insolvency Act? If yes, attached discharge papers, assignment or any other related documents. Yes No 4. Have you ever been, or are you now, an officer, director or majority shareholder of a corporation which has been declared bankrupt or is presently the subject of bankruptcy proceedings? Yes No Notes: • If undischarged bankrupt, submit a copy of the Assignment in Bankruptcy and list of creditors. • If discharged bankrupt, submit proof of discharge. For corporation bankruptcies, submit any related documents 5. Are there any outstanding unpaid judgements against you? If yes, submit a copy of each judgement. State amount outstanding and repayment arrangements.

Yes

No

6. Are you a Canadian resident?			Yes	No				
(Provide proof of citizenship or immigration documents)  Canadian Citizen: Yes No Landed Immigrant  Legally entitled to work in Canada: Yes No	:: Yes No	Work permit: Yes	No					
Other:								
Notice and Consent								
This declaration form must be completed and signed by authorized to bind the company certifying the accuracy	-							
By signing below, I affirm that all information provided in this declaration form, including attached documents and supplementary materials, is accurate, true, and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations may result in the denial of this application or future revocation of registration, should it be granted. Additionally, I/we understand that furnishing a false statement in an application to TICO is an offence punishable by a fine and/or imprisonment.								
I hereby grant permission to the Travel Industry Council of Ontario (TICO) to verify any information contained in this declaration form and conduct inquiries and/or collect/exchange information with others as may be necessary including but not limited to government sources, non-government sources, CPIC (Canadian Police Information Centre), and credit bureaus/reporting agencies as necessary to determine my eligibility for registration.								
I acknowledge that the registration record with TICO, w business address, and registration date, is part of the p		business name, regis	tration num	ıber,				
I acknowledge my duties as the designated Manager, pursuant to Section 15 of Ontario Regulation 26/05, and I understand that I must be present at the office of the TICO registered travel agency or branch office throughout its hours of operation.								
I affirm my commitment to upholding integrity, professionalism, and ethical standards, and I recognize my role in ensuring consumer protection.								
Signature of Designated Manager	Date (MN	I/DD/YYYY)						
Print Name	Date of B	irth (MM/DD/YYYY)						
Residence Address				_				
Manager's Phone Number	Manager'	s e-mail						
I, Print Name	Officer/Director/0	Owner of the applican	t appoint					
the above-named individual as the designated manager of my company. I understand that such appointment is not effective until the Registrar's approval is received.								

Print Name of Officer/Director/Owner

Signature