

Application for *Travel Industry Act, 2002*Branch Office Registration

Enclosed in this package you will find the following:

- 1. An application for branch office registration
- 2. Schedule "A" for the office Manager/Supervisor
- 3. Terms and Conditions of Registration

The forms must be completed providing full details where applicable.

New Branch Office Registration Checklist

Ш	Application completed in full
	Schedule "A" completed by the supervisor/manager. Please attach a resume, letters of reference from previous employer(s), record(s) of employment, (T4 slips), government photo I.D, and TICO Education Standards Certificates. The designated manager must have sufficient travel industry experience (3 years).
	\$800.00 by certified cheque, bank draft or money order payable to the Travel Industry Council of Ontario
	Disclose all particulars regarding any bankruptcies, judgements, consumer proposal or proposal proceedings under the <i>Bankruptcy and Insolvency Act</i> , discharges, etc.
	Terms and Conditions of Registration and application must be signed by: - all active officer(s) of a Corporation - all partners of a Partnership - the proprietor of a Sole Proprietorship
	Provide criminal record check of the designated Supervisor/Manager named on the application. This can be obtained from some OPP detachments or most Municipal Police Services. The information can also be obtained within 24 hours from an online background check service provider. For the convenience of applicants, TICO has partnered with myBackCheck to assist applicants to expediate their registration process. Request a BackCheck Report.

- Complete application will be processed in approximately 30 days from receipt of all documents.
- Incomplete application will be returned to the applicant.
- The \$800 Branch Application Fee is non-refundable.
- **Please note:** Annual Renewal Fee of \$300.00 is for each Branch office will be payable 90 days after the Registrant's Head Office Fiscal Year End.

Application for *Travel Industry Act, 2002* **Branch Office Registration**

The undersigned is applying to the Registrar for registration as a Travel Agent and/or Wholesaler under the *Travel Industry Act, 2002*. Statutes of Ontario, 2002, Chapter 30, Schedule D.

Business Classification Sole Proprietor Partnership	ole Proprietor			For TICO use only Reg. #: Approved:				
☐ Corporation Notes to Applicants:								
 For the purpose of this form, the term "Applicant" means sole proprietor, any partner of a partnership or any officer/director of a corporation. Please print or type in black ink. The following questions must be completed in full.								
1. Head Office Informa Name of Sole Proprietor, Partners, Con								
Name of Sole Proprietor, Partners, Col	poration							
Trade name								
Business address for head office: ☐ Commercial ☐ Residence			Address for service in Ontario (if different from business address)					
City	Province	Postal Code	City		Province	Postal Code		
Phone	Fax	Phone		Fax				
Toll free	e-mail		l	Website				
2. Branch Office Inform	nation							
Trade name/Business name								
Business address: Commercial Residence			Head office registration #					
City	Province	Postal Code	Branch phone		Fax			
e-mail	ı	ı	Website					

3. Financial Inform	nation							
Name of bank/Financial institution for head office				Address				
C\$ Trust Acct # US\$ Trust Acct #				C\$ General Acct # US\$ General		US\$ General Acct #		
Name of bank/Financial institution for branch office (if different from office)				head Address				
C\$ Trust Acct #	US\$ Trust	US\$ Trust Acct #		C\$ General Acct #		US\$ General Acct #		
4. Particulars for C	Office Mana	ger/Super	visor					
Social Insurance Number	First Name		Mido					
Home address			Posit	cion held in company (Off	icer, Director	, Shareholder, Manag	ger)	
City	Province	Postal Code	Phor	ne	Bir	Birth date (MM/DD/YYYY) Se		
e-mail			Cell I	Phone				
Employment History (go back	three years)					From	То	
Name/Address of Employers			Occup	nation/Position/Type of w	ork	MM/DD/YYYY	MM/DD/YYY	
Notice and Conser	nt							
In order to complete or ve Ontario to collect addition including CPIC (Canadian be collected. The informat	nal information f	rom, or to exchion Centre) and	nange ir I credit	nformation with, gov checks. Only inform	vernment a	and non-governm vant to your regis	ent sources stration will	
I consent to the collection information will be used to the sharing of any infor necessary in the course of registrant's name, registrarecord. I confirm that I am	o determine wh mation gathere f determining wl ation number, e	ether I am qual d in the course hether I am qua mployer's name	lified fo of proc alified fo e, busin	r the registration for essing this application or registration. The i	r which I ar on with oth registration	m applying. I furt ners as may be co n record, which ir	her consent onsidered ocludes the	
Note: For corporations th	is must be signe	ed by all Officer	rs & Dir	ectors. Partnership	s must be s	signed by all part	tners.	
Signature of applicant		Print full nan	ne		Date (MI	M/DD/YYYY)		
WARNING: It is an offence	e to knowingly :	provide false in	format	ion on this applicat	ion.			

Terms and Conditions of Registration

Please review this material carefully. Call the Registrar's office at (905) 624-6241 or toll free 1 (888) 451-8426 if you have any questions or if clarification is required. Below we have highlighted some of the provisions of the Act and Regulation that you must become familiar with, copies of which can also be downloaded from <u>TICO's website</u>.

Travel Industry Act, 2002

The *Travel Industry Act, 2002* covers a number of important items. **Section 8(2)** establishes that your registration is issued subject to certain terms and conditions. **Section 24(1)** requires you to notify the Registrar of any change in address for service, in officers in the case of a corporation or members of a partnership WITHIN 5 days. **Sections 28 & 29** of the Act 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 deals with having a qualified supervisor available during business hours.
- Section 22 requires filing of financial statements each fiscal year or more frequently depending upon your sales volume. See this section for details.
- Section 24 requires that positive working capital levels be maintained.
- Section 27 sets out the trust accounting provisions that your travel agency must put into
 practice. Section 29 deals with records accounting records, banking records and written
 records of all payments that must be kept at the registered premises.
- Sections 31 to 35 deal with advertising requirements.
- Sections 36 & 37 deal with disclosure requirements.
- Section 38 sets out requirements with respect to statements, invoices and receipts.

Form 1 payment as per Payment Schedule set under clause 12(1)(c) of the Safety and Consumer Statutes Administration Act, 1996.

This one-page highlight sheet is intended to introduce you to the Act and the Regulation. For correct interpretation and meaning, one must refer to the actual wording in the legislation and not the condensed versions contained here.

- As the principal of this registrant, I hereby acknowledge responsibility for the actions of all
 counsellors employed by me and persons on contract who are selling or providing advice,
 regarding the sale of travel services, including employees and/or contractors who are acting as
 "outside sales representatives" or "outside sales counsellors."
- As the principal of this registrant, I acknowledge that it is my responsibility to ensure that all such sellers of travel services and/or counsellors and/or Contractors meet the TICO Education Standards as required by the Regulation 26/05, section 12.
- As the principal of this registrant, I acknowledge that it is my responsibility to ensure that all sellers of travel services and/or counsellors and/or contractors, comply with all aspects of the Regulation 26/05, and specifically sections 27, 31 to 40 and section 44, in respect of disclosure, invoicing, receipt of monies and advertising.

You are also required to submit a written notice to the Registrar 10 days prior to closing or terminating your TICO licence.

You must obtain a written approval from the Registrar, *Travel Industry Act, 2002*, before entering into any "risk contracts" with scheduled or non-scheduled air carrier.

We ask that you acknowledge having read this sheet, the Act and the Regulation and that you agree to comply with the Terms and Conditions contained therein. Please sign this page and submit it with your application. (Must be signed by all officers of a corporation, all partners in a partnership or the proprietor of a sole proprietorship.)

ACKNOWLEDGED this		day of		,	
	Day		Month		Year
Name of Company					
Witness Signature	App	licant Signature		Applicant S	Signature
 Witness Print Name		licant Print Name		Applicant F	 Print Name

Schedule "A"

Regarding Business Registration Under the *Travel Industry Act, 2002* | Section 15 of Ontario Regulation 26/05

Requirements for Manager/Supervisor

This schedule is to be fully completed and must accompany the application. It must be sent to the Registrar, *Travel Industry Act, 2002*, whenever a new Manager/Supervisor is appointed. Please keep photocopies of this Schedule for future use.

Nar	ne of Trav	el Agency or Branch (please print	t)			
 Nar	ne of Man	ager/Supervisor (please print)		Social Insurance Number		
Atta	ach resum	/Supervisor must enclose a full de along with letters of reference cation Standards Certificate and	e, records of employm	nent, T4 slips, government photo		
1.	corporati registere Travel Inc	now or have you ever been involved on (as an officer, director, share do not the <i>Travel Industry Act, 2</i> dustry Compensation Fund has pass or arrangements have not beer	holder), partnership, s 2 <i>002</i> or the <i>Travel Ind</i> aid claims or has clain	ole proprietorship or branch office ustry Act for which the Ontario		
	☐ Yes (p	lease attach full particulars)	□ No			
2.	-	_		ler any law or are there any rge or an absolute discharge has		
	☐ Yes (p	lease attach full particulars)	□ No			
3.	Proposal	now or have you ever been insolv Proceedings under the <i>Bankrupt</i> ent or any other related documen	cy and Insolvency Act	nkruptcy, Consumer Proposal or ? If yes, attached discharge papers,		
	☐ 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?					
	\square Yes	\square No				
		lischarged bankrupt, submit a co charged bankrupt, submit proof o	· · -	in Bankruptcy and list of creditors.		

• 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	□ Yes □ No						
No	tice and (Consent						
Ind gov	ustry Coun ernment a	cil of Ontario to collect additional i	ovided on this form, it may be necessary for the Travenformation from or to exchange information with ling CPIC (Canadian Police Information Centre) and registration will be collected.	϶l				
I un for this qua	derstand th which I am applicatior llified for re	nat this information will be used to d applying. I further consent to the shan with others as may be considered r gistration. The registration record, w	thorized under the <i>Travel Industry Act, 2002</i> . etermine whether I am qualified for the registration aring of information gathered in the course of processing secessary in the course of determining whether I am which includes the registrant's name, registration egistration date, is part of the public record.	ıg				
I co	nfirm that	I am legally entitled to work in Can	ada.					
	_	-	ager/Supervisor of the registrant. Pursuant to Sectior of the registrant through its hours of operation.					
 Sign	nature of M	lanager/Supervisor	Date (MM/DD/YYYY)					
 Prir	nt Full Nam	e	Date of Birth (MM/DD/YYYY)					
 Res	idence Ado	dress		_				
 Ma	nager's Pho	one Number	Manager's e-mail	_				
I		(print full name)	, Officer/Director/Owner of the applicant appoint					
		ned individual as supervisor/manag s not effective until the Registrar's	ger of my company. I understand that such approval is received.					
 Prir	nt Name of	Owner/President or Director	Signature	-				