



APPLICATION FOR *TRAVEL INDUSTRY ACT, 2002* REGISTRATION

NEW REGISTRATION CHECKLIST:

- \$3,000.00** by certified cheque, bank draft or money order payable to the **Travel Industry Council of Ontario**
- Security Deposit** in the amount of **\$10,000 (Letter of Credit, Bank draft or Certified Cheque** from your financial institution in Ontario)
- Opening proforma **balance sheet** or current financial statements indicating a minimum \$5,000 working capital
- Confirmation of *Travel Industry Act* trust account(s)** established, on letterhead of your financial institution in Ontario
- Trust Declaration form to be signed by an owner, officer/director of the registrant.**
- Schedule "A"** completed by the supervisor/manager. Please attach a resume, letters of reference from previous employer(s), record(s) of employment (T4 slips), Photo I.D, and TICO Education Standards Certificate. The designated manager must have sufficient travel industry experience (3 years).
- List all **Travel Counsellors and/or Contractors** and provide confirmation of TICO Education Standards Certificate
- Business address must be commercially zoned or if operating from a dwelling, a letter of approval from local municipality is required
- If **Corporate Shareholders** are listed in question #3, you must complete a separate Corporate Shareholder Information Form
- Disclose all particulars regarding any bankruptcies, judgements, discharges, etc.
- If a **Trade Style name or Business name** is used, it must be registered with **Service Ontario, Ministry of Government & Consumer Services.**
- If officers and/or directors are different from those listed in the Articles of Incorporation, Form 1 must be filed with **Service Ontario, Ministry of Government & Consumer Services**
- Companies incorporated outside Ontario must file Form 2 with **Service Ontario, Ministry of Government & Consumer Services** at 393 University Ave., Toronto, ON M5G 2M2, 416-314-8880
- The applicant must have at least one Director or Officer who is a resident of Ontario
- Provide Criminal Record Check for each Officer, Director, Shareholder and Designated Manager named on the application. This can be obtained from some OPP detachments or most Municipal Police Services
- Provide copy of valid government photo identification for each officer, director, shareholder and Designated Manager named on the application.
- 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
- If applying for **both Retail and Wholesale** registration, separate applications and fees must be submitted
- Provide Business/Marketing Plan**
- Must obtain written approval from Registrar, Travel Industry Act 2002, before entering into any 'risk contracts' with scheduled or non scheduled air carriers.**

Please Note: An Annual Renewal Fee is payable **90 days after** the Registrant's **fiscal year end**. The fee is based on reported sales in Ontario during the previous fiscal year.

***Complete applications will be processed in approximately 30 days.**

***Incomplete applications will be returned to the applicant.**

55 Standish Court, Suite 460, Mississauga, Ontario L5R 4B2
Tel: (905) 624-6241 Fax: (905) 624-8631 Toll-free: 1-888-451-TICO e-mail: tico@tico.ca Website: www.tico.ca

Application for *Travel Industry Act, 2002* Registration:

The undersigned apply 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.

For Office Use Only	
Reg. #:	_____
Approved:	_____

BUSINESS CLASSIFICATION

- Sole Proprietor
- Partnership
- Corporation
- Limited Partnership
- Limited Liability Corporation

TYPE OF REGISTRATION

- Retail
- Wholesale

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.
- Print or Type in Black.

The following questions must be completed in full.

1 Head Office Information					
Name of Sole Proprietor, Partners, Corporation					
Trade Name/Business Name					
Business Address in Ontario <input type="checkbox"/> Commercial <input type="checkbox"/> 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		Web site		

Corporations Only			
Ontario Corporation Number	Date of Incorporation	Corp. Status (Provincial, Federal)	Jurisdiction

2**Financial Information****Note:** Accounts must be maintained in the Legal Name and Trading Name(s) of the head office and branch office(s).

Name of Bank /Financial Institution		Address	
CAD.\$ Trust Account #	US\$ Trust Account #	CAD. \$ General Account #	US\$ General Account #
Name of Bank /Financial Institution		Address	
CAD. \$ Trust Account #	US\$ Trust Account #	CAD. \$ General Account #	US\$ General Account #
Fiscal Year End Date (mm/dd)	Accounting System	Reservation System	

3**Corporations Only****Note:** If the shareholder is a corporation, a separate *Corporate Shareholder Information Form* must be completed.

Name of shareholder(s)	Employer	Occupation/Position	No. of shares held	No. of voting shares held

Total number of voting shares issued to date Enter total number of equity (voting) shares beneficially owned directly or indirectly, by non-residents of Canada or over which non-residents of Canada exercise control or direction. 3a. Is the corporation entitled to offer its shares to the public? Yes No 3b. Are any of the above shares held for a beneficial shareholder? Yes No
If yes, attach full particulars.

4 Particulars for Shareholders, Officers, Directors, Partners, Sole Proprietor, and Office Manager/Supervisor

01

Social Insurance Number	First Name	Middle	Last
Email address: -----		Position held in company (officer, director, shareholder, manager)	
Home address: -----			
City	Province	Postal Code 	Phone ()
		Birth date MM DD Y YYYY / /	Sex F M
Employment History (Go back 3 years)			
		From	To
Name / Address of Employers	Occupation/Position/ Type of work	mm/dd/yyyy	mm/dd/yyyy

02

Social Insurance Number	First Name	Middle	Last
Email address: -----		Position held in company (officer, director, shareholder, manager)	
Home address: -----			
City	Province	Postal Code 	Phone ()
		Birth date MM DD Y YYYY / /	Sex F M
Employment History (Go back 3 years)			
		From	To
Name / Address of Employers	Occupation/Position/ Type of work	mm/dd/yyyy	mm/dd/yyyy

03

Social Insurance Number	First Name	Middle	Last
Email address: -----		Position held in company (officer, director, shareholder, manager)	
Home address: -----			
City	Province	Postal Code 	Phone ()
		Birth date MM DD Y YYYY / /	Sex F M
Employment History (Go back 3 years)			
		From	To
Name / Address of Employers	Occupation/Position/ Type of work	mm/dd/yyyy	mm/dd/yyyy

For Officers/Directors, Partners, Sole Proprietors

(Questions 5 through 13 to be completed for each person)

5. **Is the applicant a Canadian resident?** Yes No
Canadian Resident Status: (Provide proof of citizenship or immigration documents)
 Canadian Citizen: Yes No Landed Immigrant: Yes No Work permit: Yes No
6. **Has the “applicant” ever had a registration of any kind refused, suspended, revoked or voluntarily terminated? If yes, attach particulars.** Yes No
7. **Is the applicant engaged, occupied, employed or associated directly or indirectly in any other business occupation or profession? If yes, attach particulars.** Yes No
8. **Is the applicant now or has the applicant been insolvent or involved in Bankruptcy, Consumer Proposal or Proposal Proceedings under the Bankruptcy and Insolvency Act? If yes, attach discharge papers, assignment or any other related documents.** Yes No
9. **Has the applicant ever been or is he/she now an officer, director or majority shareholder of a corporation which has been declared bankrupt or is presently a party to Bankruptcy or Proposal Proceedings under the Bankruptcy and Insolvency Act?**
 Notes: 1. Where an applicant is an undischarged bankrupt, submit a copy of the assignment in bankruptcy and a list of creditors.
 2. Where an applicant is a discharged bankrupt, submit proof of discharge.
 3. For corporation bankruptcies, submit any related documents. Yes No
10. **Are there any unpaid judgements outstanding against the applicant? If yes, submit a copy of each judgement. State the amount outstanding and repayment arrangements.** Yes No
11. **Has the applicant ever been found guilty or convicted of an offence under any law or are any charges now pending? This includes where a conditional discharge or an absolute discharge has been ordered. If yes, attach full particulars on a separate signed and dated statement. Note: Where the applicant has been previously registered, list only those convictions, conditional discharges, absolute discharges or charges which have not been previously disclosed.** Yes No
12. **Has the applicant ever been associated with a registrant that has failed and has had claims against the Fund?** Yes No

Notice and Consent

In order to complete or verify the information provided on this form, it may be necessary for the Travel Industry Council of Ontario to collect additional information from, or to exchange information with, government and non-government sources including **CPIC (Canadian Police Information Centre) and credit checks**. Only information relevant to your registration will be collected. The information so collected will be kept confidential pursuant to Section 35 of Travel Industry Act, 2002.

I consent to the collection of this information as authorized under the *Travel Industry Act, 2002*. I understand that this information will be used to determine whether I am qualified for the registration for which I am applying. I further consent to the sharing of any information gathered in the course of processing this application with others as may be considered necessary in the course of determining whether I am qualified for registration. The registration record, which includes the registrant's name, registration number, employer's name, business address and registration dates is part of the public record. I confirm that I am legally entitled to work in Canada.

13 Note for corporations this must be signed by all Officers & Directors. Partnership must be signed by all partners.

Signature of applicant	Signature of applicant	Signature of applicant
Print full name	Print full names	Print full name
Warning – it is an offence to knowingly provide false information on this application.		Dated mm/dd/yyyy



TERMS & CONDITIONS OF REGISTRATION

Please review this material carefully. Call the Registrar's office at (905) 624-6241 (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 download from TICO's website www.tico.ca

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 minimum **working capital** levels be maintained based on sales volume.
- **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

Applicant Signature

Applicant Signature

Witness Print Name

Applicant Print Name

Applicant Print Name

SCHEDULE "A"

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.

Name of Travel Agency or Branch (please print)
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Name of Manager/Supervisor (please print)	Social Insurance Number
---	-------------------------

The Manager/Supervisor must enclose a full description of their travel industry experience. **Attach resume along with letters of reference, records of employment, T4 slips, government photo I.D., TICO Education Standards Certificate and criminal record check.**

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* or the *Travel Industry Act* 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 *If "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 *If "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

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I consent to the collection of this information as authorized under the *Travel Industry Act, 2002*. I understand that this information will be used to determine whether I am qualified for the registration for which I am applying. I further consent to the sharing of information gathered in the course of processing this application with others as may be considered necessary in the course of determining whether I am qualified for registration. The registration record, which includes the registrant's name, registration number, employer's name, business address and registration date, is part of the public record.

I confirm that I am legally entitled to work in Canada.

I acknowledge and understand my duties as Manager/Supervisor of the registrant. Pursuant to Section 15 of Regulation 26/05 I must be present at the office of the registrant through its hours of operation.

Signature of Manager/Supervisor

Date

Print Full Name

Date of Birth mm/dd/yyyy

Residence Address:

Manager's Phone Number: _____ Manager's email address: _____

.....

I _____, Officer/Director/Owner of the applicant appoint the above-named individual as supervisor/manager of my company.

I understand that such appointment is not effective until the Registrar's approval is received.

Print Name of Owner/President or Director

Signature : _____