## 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.

		<u> </u>	
Nar	me of Travel Agency or Branch (please print)		
 Nar	me of Manager/Supervisor (please print)	Social Insurance Number	
Att	Manager/Supervisor must enclose a full description of their ach resume along with letters of reference, records of emple, TICO Education Standards Certificate and criminal record of	oyment, T4 slips, government photo	
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 <i>Travel Industry Act, 2002</i> or the <i>Travel Industry Act</i> 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?		
	$\square$ Yes (please attach full particulars) $\square$ 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.		
	$\square$ Yes (please attach full particulars) $\square$ No		
3.	Are you now or have you ever been insolvent or involved in Proposal Proceedings under the <i>Bankruptcy and Insolvency assignment or any other related documents.</i>		
	☐ Yes ☐ No		
4.	Have you ever been, or are you now, an officer, director or which has been declared bankrupt or is presently the subje-		
	□ Yes □ No		
	<ul> <li>Notes:</li> <li>If undischarged bankrupt, submit a copy of the Assignment in Bankruptcy and list of creditors.</li> <li>If discharged bankrupt, submit proof of discharge.</li> <li>For corporation bankruptcies, submit any related documents</li> </ul>		
5.	Are there any outstanding unpaid judgements against you? judgement. State amount outstanding and repayment arran		

## **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.

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 (MM/DD/YYYY)
Print Full Name	Date of Birth (MM/DD/YYYY)
Residence Address	
Manager's Phone Number	Manager's e-mail
(print full page)	, Officer/Director/Owner of the applicant appoint
(print full name) the above-named individual as supervisor/ma appointment is not effective until the Registra	
Print Name of Owner/President or Director	 Signature