



## APPLICATION FOR *TRAVEL INDUSTRY ACT, 2002* BRANCH OFFICE REGISTRATION

**Enclosed in this package you will find the following:**

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

*Must be fully completed, providing full details where applicable*

### **NEW BRANCH OFFICE REGISTRATION CHECKLIST:**

- Application** completed in full
- Schedule "A"** completed by the supervisor/manager - Please attach a resume and letters of reference from previous employer(s), record(s) of employment, (T4 slips), government photo I.D, and TICO Education Standards Certificate.
- \$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, 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 manager named on the application.** This can be obtained from some OPP detachments or most Municipal Police Services.

**\*Complete application will be processed in approximately 30 days**

**\*Incomplete application will be returned to the applicant**

**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* Registration: Branch Office

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

## TYPE OF REGISTRATION

- Retail Branch
- Wholesale Branch

### 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 Address (if RR – Lot, Concession No. & Township)			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		

2 Branch Office Information				
Trade Name				
Branch Address		Suite	Head Office Registration #	
City		Province	Postal Code 	Phone ( )
				Fax ( )

3

### Financial Information

Name of Bank /Financial Institution for Head Office		Address	
C\$ Trust Acct #	US\$ Trust Acct #	C\$ General Acct #	US\$ General Acct #
Name of Bank /Financial Institution (If Branch Bank Different)		Address	
C\$ Trust Acct #	US\$ Trust Acct #	C\$ General Acct #	US\$ General Acct #

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### Particulars for Office Manager / Supervisor

Social Insurance Number	First Name	Middle	Last
Home address		Position held in company (Officer, Director, Shareholder, Manager)	
City	Province	Postal Code	Phone
			( )
		MM DD YYYY	Sex F M

### Employment History

Name / Address of Employers	Occupation/Position/ Type of work	From mm/dd/yyyy	To mm/dd/yyyy
		/ /	/ /

### 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. 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 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 date, is part of the public record. I confirm that I am legally entitled to work in Canada.

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Note for corporations this must be signed by all Officers and directors. Partnership must be signed by all partners

Signature of applicants		
Print full names		
<b>Warning – it is an offence to knowingly provide false information on this application.</b>		Dated



## 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 downloaded from TICO's website [www.tico.ca](http://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



**REGARDING BUSINESS REGISTRATION UNDER  
THE TRAVEL INDUSTRY ACT, 2002-  
Section 15 of Ontario Regulation 26/05**

## 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)	
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. Have you ever been 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

# NOTICE and CONSENT

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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.

If you have any questions concerning the collection of information, please contact TICO.

\_\_\_\_\_  
Signature of Manager/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date of Birth

Residence Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_