

## Registration Application for *Travel Industry Act, 2002*

### 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 **\$10,000.00** (Letter of Credit, Bank draft or Certified Cheque from your financial institution in Ontario) payable to the **Travel Industry Council of Ontario**
  - Opening proforma **balance sheet** or current financial statements indicating a positive working capital
  - Confirmation of ***Travel Industry Act, 2002*** 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 ID, and TICO Education Standards Certificates. 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 Public and Business Service Delivery** at [www.ontario.ca/page/business-services](http://www.ontario.ca/page/business-services) or call 1-800-361-3223
  - 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 Public and Business Service Delivery**
  - Companies incorporated outside Ontario must file Form 2 with Service Ontario, Ministry of Public and Business Service Delivery at [www.ontario.ca/page/business-services](http://www.ontario.ca/page/business-services) or call 1-800-361-3223
  - The applicant must have at least one Director or Officer who is a resident of Canada
  - 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. 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. To request a BackCheck Report [click here](#)
  - 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 application will be processed in approximately 30 days from receipt of all documents.**
  - **Incomplete application will be returned to the applicant.**
  - **The \$3,000 application fee is non-refundable.**



## Registration Application for *Travel Industry Act, 2002*

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
- Corporation
- Limited Partnership
- Limited Liability Partnership

### Type of Registration

- Retail
- Wholesale

### For office use only

Reg. #: \_\_\_\_\_

Approved: \_\_\_\_\_

### 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 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		Website		
IATA #			Do you intend to apply to become an IATA Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Corporations Only</b>					
Ontario Corporation Number	Date of Incorporation		Corp. Status (Provincial/Federal)		Jurisdiction

## 2. Financial Information

<b>Note:</b> 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	
C\$ Trust Acct #	US\$ Trust Acct #	C\$ General Acct #	US\$ General Acct #
Name of bank/Financial institution		Address	
C\$ Trust Acct #	US\$ Trust Acct #	C\$ General Acct #	US\$ General Acct #
Fiscal year end date (MM/DD)	Accounting system	Reservation system	

### Credit Card Merchant Information

<b>Note:</b> Your company's merchant account(s) MUST be linked to your Travel Industry Act TRUST ACCOUNT			
Name of credit card processor:	Account number:	Name of credit card processor:	Account number:
Visa <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa number	MasterCard <input type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard number
AMEX <input type="checkbox"/> Yes <input type="checkbox"/> No	AMEX number	Ticketmaster <input type="checkbox"/> Yes <input type="checkbox"/> No	Ticketmaster number
Offer consumer financing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of financing company:	OTHER <input type="checkbox"/> Yes <input type="checkbox"/> No	Merchant account number

## 3. Corporations Only

<b>Note:</b> If the shareholder is a corporation, a separate <i>Corporate Shareholder Information Form</i> 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		
Home address		Position held in company (Officer, Director, Shareholder, Manager)			
City	Province	Postal Code	Phone	Birth date (MM/DD/YYYY)	Sex
e-mail		Cell Phone			
Employment History (go back three 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		
Home address		Position held in company (Officer, Director, Shareholder, Manager)			
City	Province	Postal Code	Phone	Birth date (MM/DD/YYYY)	Sex
e-mail		Cell Phone			
Employment History (go back three 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		
Home address		Position held in company (Officer, Director, Shareholder, Manager)			
City	Province	Postal Code	Phone	Birth date (MM/DD/YYYY)	Sex
e-mail		Cell Phone			
Employment History (go back three 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 and signed Notice and Consent **MUST** be completed for **EACH PERSON**.  
If more than one Officer/Director or Partner, [click here for additional page\(s\)](#).

NAME:

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

Other:

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](#)? Yes      No

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.

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

### **13. For corporations this must be signed by ALL Officers & Directors. Partnerships must be signed by ALL partners.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Print full name

\_\_\_\_\_  
Print full name

\_\_\_\_\_  
Print full name

\_\_\_\_\_  
Date (MM/DD/YYYY)

**WARNING: It is an offence to knowingly provide false information on this application.**

## 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 [TICO's website](#).

### ***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

\_\_\_\_\_  
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)

---

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 (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

## 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

I \_\_\_\_\_, Officer/Director/Owner of the applicant appoint  
(print full name)

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