

# Travel Retailer Certification Form

Click to view: [Travel Retailer Training Information](https://travmark.com/docs/travelretailertraining.pdf) (<https://travmark.com/docs/travelretailertraining.pdf>)

I \_\_\_\_\_ (name) as a supervisor of travel insurance operations of \_\_\_\_\_ (Travel Retailer), acknowledge receipt of the Travel Retailer Training Information and hereby certify I am compliant with 18 U.S. Code § 1033.

<https://www.law.cornell.edu/uscode/text/18/1033>

Please Confirm:

FEIN or Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

I acknowledge that all persons who offer insurance through our Travel Retailer have reviewed the Travel Retailer Training Information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

For questions please e-mail [info@travmark.com](mailto:info@travmark.com)

Please be advised if we do not receive this form back, we may be forced to remove you from our registration list. If you are removed from our registration list, you will no longer be authorized to offer travel insurance on Travmark's behalf.

Please return this Certification Form to [info@travmark.com](mailto:info@travmark.com)

**Internal Use Only:**

Travmark Agency Number: \_\_\_\_\_