

# TRAVEL CONSUMER RESTITUTION FUND CLAIM FORM

In order for your claim to be reviewed, **you must provide the information requested IN WRITING** to the Travel Consumer Restitution Corporation (TCRC). If any of the requested information is unavailable, please state that the information is unavailable to you, and explain why.

**Please type or print your claim.** If you need additional space for any question, please attach separate sheets of paper to this claim showing the number of the question you are supplementing. Include **copies, not originals**, of the documents requested and any other documents that support your claim. **Use ONE-SIDED 8 ½ x 11 PAPER ONLY.**

You will not be given a hearing or contacted by telephone, since the decision to grant or deny your claim must, by law, be based on the **written record** relating to your claim. **PLEASE BE SURE TO READ THE SEPARATE INSTRUCTION SHEET PRIOR TO FILLING OUT THIS FORM.**

1. Name, address and telephone number of all passengers included in the claim:

Name	
Street address	
City, State and zip code	
Daytime telephone	Evening telephone

2. Name, address, and telephone number of the travel seller who you believe owes you a refund:

Name	
Street address	
City, state and zip code	
Telephone	Registration ("CST") number, if known

3. The dollar amount you paid to the travel seller for the transportation and travel services. **Be sure to ENCLOSE PROOF OF PAYMENT** such as a copy of your credit card statement(s), showing your name and address; a copy of your money order(s) or the front and back of your canceled check(s), or the front of your check(s) and your account statement(s) showing the check(s) were paid; evidence of a cash withdrawal for cash payments, and a copy of any receipts; and any travel documents that show the amount paid. If such proof of payment **is not provided, please explain why under Question No. 7.**

Date of Payment	Amount and Form of Payment	Proof Attached (check "yes" or "no")			
_____	_____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
_____	_____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
_____	_____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
_____	_____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

4. Describe the transportation and/or travel services you purchased, including your scheduled date of departure and return, and state specifically and in detail which of those services were not provided as promised. You **must provide a copy of** those documents that set forth the travel services purchased, such as airline tickets, itinerary, invoice or other agreements.

---

---

---

---

---

Scheduled date of departure: \_\_\_\_\_ Scheduled return date: \_\_\_\_\_

5. Specifically, and in detail, describe any payment, refund, or alternative transportation or travel services that were provided to you in place of the transportation or travel services described in your response to Item No. 4:

---

---

---

---

6. **STATE THE DOLLAR AMOUNT OF YOUR CLAIM AND THE BASIS FOR IT.** You must state the amount of your claim in dollars and specifically describe why you believe you are owed a refund in that amount by the travel seller against whom your claim is made. If you are seeking reimbursement for only part of the travel services you purchased, please list the specific services you did not receive and the amount of reimbursement you seek for each:

TOTAL AMOUNT OF CLAIM:\$ \_\_\_\_\_

Explanation of basis for claim: \_\_\_\_\_

---

---

---

---

---

---

---

---

7. In addition to the documents required above, please provide copies of all documents you believe support your claim. List the documents you have enclosed below. If any of the required documentation is not enclosed, please state why below.

---

---

---

---

8. Did you purchase any trip cancellation or interruption insurance for this trip? Please check one: **Yes**  **No**   
If you did, please provide the following information and **ENCLOSE A COPY OF THE POLICY OR CERTIFICATE OF INSURANCE OR OTHER EVIDENCE OF COVERAGE:**

Date purchased: \_\_\_\_\_ Amount paid: \_\_\_\_\_

Purchased from (name and address): \_\_\_\_\_

Insurer (name and address): \_\_\_\_\_

9. Do you have any other potential sources of reimbursement for your loss (such as homeowner’s or renter’s insurance) other than the seller of travel or trip cancellation or interruption insurance identified above? Please check one: **Yes**  **No**   
 If so, provide the identifying and explanatory information about that source of reimbursement, and **ENCLOSE A COPY OF THE POLICY OR CERTIFICATE OF INSURANCE OR OTHER INFORMATION describing it:**

Source (name, address, phone, file or contract number): \_\_\_\_\_

What has been done by you or by others to obtain reimbursement from the source indicated here?

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

10. Every passenger included in this claim **must sign & date** the enclosed **WAIVER** and must sign this claim form below, certifying that the information provided in the claim and accompanying documentation is true and correct.

**NOTICE OF WAIVER: BY FILING A CLAIM WITH THE TCRC, YOU WAIVE THE RIGHT TO BRING ANY ACTION AT LAW OR EQUITY, INCLUDING A SMALL CLAIMS COURT ACTION, THAT IS AGAINST THE SAME SELLER OF TRAVEL AND THAT ARISES FROM THE TRANSACTION THAT IS THE SUBJECT OF THIS CLAIM. See the enclosed instructions and waiver form for further details.**

**I/WE DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION PROVIDED IN THIS CLAIM IS TRUE AND CORRECT.**

\_\_\_\_\_  
 Date: Name of Person (PRINT): Signature:

\_\_\_\_\_  
 Date: Name of Person (PRINT): Signature:

**ATTACH ADDITIONAL PAGES, IF NEEDED, FOR ANSWERS OR VERIFIED CLAIMANT SIGNATURES.**

You must enclose the **required \$35 processing fee**. Please fill in your check number \_\_\_\_\_ Please make your check payable to “TCRC” and enclose with your claim form. If your claim is granted in whole or in part, this processing fee will be refunded to you. If your check is returned from the bank for non-sufficient funds, your claim will be rejected for filing and may only be resubmitted upon payment of a processing fee of fifty dollars (\$50).

Note that a copy of your claim will be sent to the seller of travel against whom the claim is made in order to request their response The claim will then be reviewed. If additional information is required from you, you will receive a letter requesting such information. When completed, send this form, your documentation, and the \$35 processing fee to:

TCRC  
 P. O. Box 6001  
 Larkspur, CA 94977-6001

## WAIVER

By signing this form and submitting a claim to the Travel Consumer Restitution Corporation for payment from the restitution fund, you **WAIVE YOUR RIGHT TO BRING ANY ACTION IN LAW OR EQUITY**, including but not limited to a small claims action, that (1) is against the seller of travel as to whom the claim is made and (2) arises from the transaction that is the subject of the claim for payment from the restitution fund. Your **only right of appeal** from any adverse decision of the TCRC with respect to your claim is solely pursuant to Business and Professions Code section 17550.47(d) through 17550.47(k), a copy of which is enclosed. By signing this form, you acknowledge receipt of a copy of section 17550.47(d) through (k).

After your claim is decided, you will receive a written statement setting forth the basis for the decision. This waiver of rights will not apply to you if your claim is denied on any of the following grounds, as set forth in the statement of decision:

1. At the time of sale, the seller of travel was not a paid-up participant in the Travel Consumer Restitution Fund.
2. At the time of sale, the seller of travel was not in good standing as a registered Seller of Travel in the State of California.
3. The claimant was not located in California at the time of sale.

***I/we hereby acknowledge I/we have read and received this notice of waiver.***

**[This form must be signed and dated by all passengers included in the claim submitted. Attach additional dated signature pages if needed.]**

Date	Name of claimant (printed)	Signature of claimant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____