



BELIZE TOURISM BOARD

P.O. BOX 325, 64 Regent Street, Belize City, Belize, C.A.

### TOUR OPERATOR ASSOCIATION REGISTRATION FORM

#### 1. GENERAL INFORMATION

A) Association Name

B) Exist before 2022 Yes  No  Year Operation Commenced

C) Previous Name of Association

D) Physical address

E) Town/District

F) Mailing Address

G) Email Address

H) Office Number

#### 2. PRESIDENT CONTACT INFORMATION

A) Full Name:

B) Cell Phone:  Home phone:

#### 3. LISTING OF ACTIVE MEMBER OF THE ASSOCIATION

#	Member Name	Cell phone Number
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4. Below are the criteria necessary to register an Association with BTB. Kindly fill out columns A and B.

Criteria	Required for Tour Operator Committee	A. Kindly indicate with a checkmark which ones your association complies with?	B. Kindly indicate which documents you are submitting as evidence.
<b>General</b>			
Association should be legally registered, and should have a logo or emblem	Yes		
Listing of Members of the Association, including Executive Members. Listing should include, name, email address, phone number, physical address)	Yes		
<b>Membership</b>			
Must meet minimum threshold of members that are tour guides or tour operators	Threshold is 10 Licensed Tour Operators		
If the association is located in an area where another association already exist, the association must demonstrate and present a case for the establishment of another association. This includes submission of a no-objection letter from the association (s) existent in the area.	Yes		
<b>Codes of Conduct</b>			
Association must adapt and submit to the BTB Code of Conduct by which the membership is expected to abide.	Yes		

Association, should include within the Code of Conduct that all members are to comply with any guidelines or recommendations issued by the BTB or its Licensing Committees.	Yes			
The Code of Conduct should be aligned to the Laws of Belize and to the policies set by local regulatory agencies.	Yes			
<b>Constitution/By-Laws</b>				
<p>Must have an officially established Constitution, By-Laws or Articles of Association and should provide the following information:</p> <p>A. Purpose of Existence</p> <p>B. Elections</p> <p>C. Quorum</p> <p>D. Description of Duties and Responsibilities of Board Members</p> <p>E. Terms of Office for the Committee, its duties and functions, and provisions for filling vacancies.</p> <p>F. Conflict resolution</p> <p>G. Minimum number of meetings</p> <p>H. Amendments to By-Laws</p> <p>I. New membership applications</p> <p>J. Penalties to members</p> <p>K. Fees</p> <p>L. Classification of members (if available)</p> <p>M. Voting Power</p> <p>N. Threshold on composition of membership</p> <p>O. Terms of Office for the Executive</p> <p>P. Conduct of business, meetings and relevant minutes and documentation.</p> <p>Q. Financial administration and accounting systems.</p>	Yes			
		<b>Meetings</b>		
At minimum quarterly meetings held.	Yes			
<b>Management</b>				
A place of business should be established.	Yes			
Place of business should be accessible to membership at normal working hours or at a time agreed upon by the association.	Yes			

Record Keeping			
Association should keep the following records: - Financial Reports - Membership Application - Membership Profiles - Association Activities - Meeting Agenda and Meeting Documents	Yes		
Capacity Building and Professional Development			
Should have in place a schedule and budget for training of membership in refresher and specialization courses	Yes		
Opportunities for Community Service, Mentorship and Internships should be encouraged.	Yes		

. All supporting documents should be submitted along with application form to complete the application process.

### 5. DECLARATION

I declare that all information provided in this application is true, accurate and complete to the best of my knowledge. I have not withheld any information and understand any falsification is illegal and will disqualify my application.

Following should be completed by the President of the Association

Print:

Signature:

Date:

### FOR OFFICIAL USE ONLY

<input checked="" type="checkbox"/> For Official Use Only	Date <small>DD / MM / YYYY</small>	Signature	Comments   Actions
<input type="checkbox"/>			
<input type="checkbox"/> DP Registrar of Hotels			<input type="checkbox"/>
<input type="checkbox"/>			
<input type="checkbox"/> Registrar of Hotels			<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Completed application should be submitted at [Denmar.villar@belizetourismboard.org](mailto:Denmar.villar@belizetourismboard.org)