



Travel Agency Commission Eligibility Application

In order to be considered for commission eligibility under the Walt Disney World® Resort, the Disneyland® Resort, the Aulani, a Disney Resort & Spa, Ko Olina, Hawai'i, the Adventures by Disney, the Disney Cruise Line, and the National Geographic Expeditions Commission Program and Commissions Policy, please submit the following requirements. This application is for new travel agencies wishing to become eligible to receive commission payments.

New Applicants, **MUST** complete **ALL** of the following steps:

1. Complete the fillable Disney Destinations Travel Agency Profile Form.
2. Photocopy of business license and one of the following showing agency/business name and affiliation number:
 - Photocopy of a valid CLIA certificate, IATA list or IATA certificate, TRUE, and ARC letter.
3. Submit agency logo on company letterhead.
4. You **MUST** complete and return parts **A & B** of the U.S. Supplier Information Kit attached below. The federal tax form and SS-4 or 147C are used to report commissions paid at the end of the year. If answering yes to any question regarding California on the Disney substitute W-9 form, then a California 590 form attached below must also be submitted. For instructions for the requester to W9 forms go to <https://www.irs.gov/pub/irs-pdf/iw9.pdf>
5. Complete the ACH Authorization Form (**Part C** of the U.S. Supplier Information Kit) for commission to be direct deposited. Please note, the Supplier Name on the ACH form **MUST** match one of the name(s) on the W9 and be the exact name of bank account.

For your security, a representative from Disney Worldwide Shared Services will be reaching out to you in order to validate the addition of a new bank account or any changes to any existing bank account that you may currently have on file.

Banking account validation will be required and could cause a delay to your application completion if you cannot be reached through the contact number you have provided.

All documents must be signed by the agency owner/manager and sent to each office below to request setup for all Disney Destinations

Disney Reservation Center for Walt Disney World Resort,
Aulani Resort, Hawaii, and Disneyland Resort
Email: WDW.Disney.Central.IATA@disneyworld.com

Disney Cruise Line /Adventures by Disney
Email: TA.Maintenance@DisneyCruise.com

National Geographic Expeditions
Call: [1-888-966-8687](tel:1-888-966-8687)



TRAVEL AGENCY PROFILE FORM

What Disney destinations do you plan to sell? Check all that apply.

- ☐ Walt Disney World® Resort
- ☐ Disneyland® Resort
- ☐ Disney Cruise Line®
- ☐ Aulani
- ☐ Adventures by Disney
- ☐ National Geographic Expeditions

1. Your Travel Agency's legal name, exactly as it appears on business registration and W9.

1a. List your Travel Agency's brand name(s), if different than legal name.

1b. What name will the agency be booking under?

☐ Brand name(s) ☐ Legal name

1c. What is the address for the legal entity as stated on W9? (city, state, zip)

Street Address

City, State, Zip

1d. Agency Physical Address, Website, Generic Email:

Street Address

City, State, Zip

Agency Website Address:

Agency Generic Email Address (for receiving booking confirmations):

1e. What is agency general phone number? _____

1f. If selling for Walt Disney World® Resort, the Disneyland® Resort, and the Aulani, what is the agency mailing address? (this address cannot be a PO Box or UPS Store address, please provide an address that Disney can send Express Couriers).

Street Address

City, State, Zip

1g. If selling for Disney Cruise Line® and Adventures by Disney, what is the agency mailing address? (this address can be a PO Box or UPS Store address).

Street Address

City, State, Zip

2. Name of Owner:

Name:

Title:

Email:

Phone:

3. Name of Co-Owner (if applicable):

Name:

Title:

Email:

Phone:

4. Name of Agency Manager:

Name:

Title:

Email:

Phone:

5. What year was your Travel Agency established? _____

6. Is this agency a Headquarters or Branch? _____

6a. Is your agency Storefront or Virtual (Online)? _____

6b. Do you have agents that are home based? Yes ☐ No ☐

6c. How many agents are home based? _____

6d. How many employees do you have other than yourself? _____

6d. Do you have agents that are subcontractors? Yes ☐ No ☐

6e. How many subcontractor agents do you have? _____

7. List the applicable affiliations for your agency & check box for primary:

☐ IATA # _____ CLIA # _____ ☐

☐ ARC # _____ TRUE# _____ ☐

7a. How many offices are using the same IATA and/or CLIA#?

7b. Has your agency been given a Pseudo IATA# in the past?

☐ Yes ☐ No If yes, what was that number: _____

8. Agency Billing Address: (If different from physical address)

Address

City, State, Zip

Billing Contact Name:

Billing Contact Name/Company Title:

Billing Contact Phone:

Billing Contact E-Mail:

9. What GSD/API Systems or Pseudo City Codes are utilized by Agency?
Please list codes or Check all that apply

Amadeus		Revelex		Odysseus	
Traveltek		TravTech		Krooze	
Travelport C&T		Cruise Compass		Dreamlake	

10. What % of business is done through your website? _____%

11. How will the Disney Product be promoted?

☐ Website ☐ Social Media ☐ Other (specify) _____

12. What social media does the agency use for marketing? (Add social media username/handle where applicable):

Instagram		Facebook	
Snapchat		WhatsApp	
YouTube		Linkedin	
Twitter			

13. What languages are used to service clients in agency? (check all that apply):

☐ English ☐ Spanish ☐ Portuguese ☐ Japanese ☐ French

☐ Other (specify) _____

14. Are the agents experienced in selling Disney Product?

Yes ☐ No ☐

15. How many agents are current with the College of Disney

Knowledge courses? _____

16. Does your Travel Agency bring group business to Disney?

☐ Yes ☐ No If yes,

☐ Leisure Groups ☐ Incentive Groups

17. Has your Travel Agency previously been registered with Disney under any other name(s)? [If "yes," specify name(s)]

☐ Yes ☐ No

18. Has your Travel Agency previously done business under or used any other name(s)?

☐ Yes ☐ No If "yes," please list all names:

19. Has any owner of the Travel Agency owned all or part of, worked for or with or managed any other travel agency that has done business with Disney?

☐ Yes ☐ No If "yes," list all such agencies:

20. Has any manager of the Travel Agency owned all or part of, worked for or with or managed any other travel agency that has done business with Disney?

☐ Yes ☐ No If "yes," list all such agencies:

21. Has any owner, manager, agent, employee or contractor of your Travel Agency owned all or part of, worked for or with or managed any other travel agency that (i) Disney made ineligible to receive commissions from Disney or terminated any commission arrangement with or (ii) Disney ceased to accept bookings, orders or reservations from or (iii) Disney notified may no longer book vacations or other product of Disney or (iv) received any notice from Disney of early termination of any contract or of any default or violation of any contract or policy?

☐ Yes ☐ No If "yes," please give details:

“Disney Intellectual Property” shall mean the names “Walt Disney World® Resort,” “Disneyland® Resort,” “Disney,” “Pixar,” “ABC,” “ESPN,” “Lucas” and “Marvel” (either alone or in conjunction with or as part of any other word or name), and all fanciful characters, designs, trademarks, copyrighted works and other intellectual property rights of The Walt Disney Company and its affiliates (including, without limitation, Lucasfilm Ltd. and Marvel Enterprises, Inc.).

Travel Agency shall neither acquire nor assert any proprietary right in any Disney Intellectual Property, or in any derivation, adaptation or variation thereof.

Travel Agency shall not apply to register or claim ownership of any Disney Intellectual Property. Travel Agency shall not oppose or seek to cancel or challenge any intellectual property ownership, application or registration of Disney or its designee regarding any Disney Intellectual Property. Disney or its designee shall have the right to enforce intellectual property rights with respect to Disney Intellectual Property, and Travel Agency shall not attempt to assert any such rights.

Any ideas, business proposals or suggestions provided by your Travel Agency to Disney shall be deemed non-confidential and non-proprietary and may be used or disclosed by Disney without liability or compensation, unless otherwise expressly agreed to the contrary in writing by Disney.

Your Travel Agency acknowledges that all discussions and communications shall be non-binding and no agreement or approval for commission eligibility shall be deemed entered into or given unless and until a formal, written notification, specifically identified as such, is executed by Disney and delivered to your Travel Agency.

Legal Name of Travel Agency

By: _____ Date: _____
Signature

Print Name: _____

As a Disney Supplier, we require several pieces of information about your company. We have simplified the process by splitting the information we need into four parts—A,B,C and D. Forms to collect information in all four parts are attached in this kit.

New Suppliers—**Please complete and return all four parts.**

Please Email your completed Kit to your Disney representative

A

Please complete the Information Required for Proxy Setup form.
Part A also includes a W-9 form and a California Form 590. *Note: The Form 590 may not be applicable to all Suppliers. If none of the selections apply to your company, note N/A on the Form 590.*

B

Disney's SAP system calculates sales tax due. Part B is a form collecting Supplier sales and use tax information for each state.

C

Disney supports electronic POs, invoicing and payment distribution. Part C is a form collecting information about your company's electronic transaction and direct deposit ACH (Automated Clearing House) capabilities.

D

Disney is committed to Supplier diversity. Part D is a form that collects ownership information about your company, so we can track our eligible women- and minority-owned businesses.



U.S. Supplier Information Kit – Information Required for Proxy Setup

Name- _____

Title- _____

Phone Number- _____

PO Delivery Email Address (if using Purchase Orders)- _____

Email Address- _____

If you or your company have an existing vendor number with TWDC that is “*no longer valid*” due to tax number and/or tax status changes or have undergone name and/or ownership changes please provide your current vendor name(s) and number(s) below. This will help ensure that any invalid payable record(s) are closed according to TWDC policy.

If you or your company utilizes a separate “*Remit to Address*” other than the “business address” noted on the W-9 (Form A), please input here:

Address (number, street, and apt. or suite no.) - _____

City, state, and ZIP code - _____

If you or your company utilizes a “*Factoring Company*” or an “*Agency*” to manage your payments, please include their information below:

Name - _____

Address (number, street, and apt. or suite no.) - _____

City, state, and ZIP code - _____

Tax Payer Information - (EIN, TIN, etc.) - _____

Note – Please be advised that if you are a “*Factoring Company*” or an “*Agency*” representing one of TWDC’s payable suppliers with an address located within the United States, the tax payer information provided above is not furnished to the IRS. It is strictly used for compliance purposes as a tax i.d. must be on file. By furnishing the requested tax payer information above, will help keep payable accounts from being blocked during the TWDC audit process.

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



OTHER INFORMATION (REQUIRED)

Please check:

- | | | | |
|---|------------------------------|-----------------------------|---------------------------------------|
| 1) Have you or will you provide services rendered in California? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Occasionally |
| 2) Have you or will you receive rent for property located in California? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Occasionally |
| 3) Have you or will you receive royalties for services originally rendered in California? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Occasionally |
| 4) Have you or will you provide rentals of tangible personal property to be used in California? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Occasionally |

If you answer **YES** or **OCCASIONALLY** to 1), 2), 3) or 4), submit a completed **California Form 590** or you will be subject to California Nonresident Withholding.

**2024 Withholding Exemption Certificate****590**

The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.

Withholding Agent Information

Name _____

Payee Information

Name _____

☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.

Address (apt./ste., room) _____

City (If you have a foreign address, see instructions.) _____

State _____ ZIP code _____

Exemption Reason**Check only one box.**

By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

☐ **Individuals — Certification of Residency:**

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Corporations:**

The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Partnerships or Limited Liability Companies (LLCs):**

The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

☐ **Tax-Exempt Entities:**

The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

☐ **Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:**

The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

☐ **California Trusts:**

At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.

☐ **Estates — Certification of Residency of Deceased Person:**

I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.

☐ **Nonmilitary Spouse of a Military Servicemember:**

I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE OF PAYEE: Payee must complete and sign below.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

Type or print payee's name and title _____ Telephone _____

Payee's signature ► _____ Date _____

Supplier Sales/Use Tax Status

Tax Identification Number:

Disney Use Only ID#:

Supplier Name:

Date:

P.YUGY]bX]WUHYk\]W'gHUYbLnci f'W'a dUm]g'Xc]b['Vi g]bYgg'and']g' registered to collect state sales/use tax"

- If you indicate your company is registered in a particular state where you ship product to or perform services in—and taxes are appropriately charged, our policy is to pay the appropriate tax to your company
- If you indicate your company is **bch**registered in a particular state where you ship product to or perform services in—and taxes are **bch**charged by your company, our policy is to accrue and remit the taxes, if appropriate

State		Registration #
Alabama	AL	
Alaska	AK	
Arizona	AZ	
Arkansas	AR	
California	CA	
Colorado	CO	
Connecticut	CT	
Delaware	DE	
District of Columbia	DC	
Florida	FL	
Georgia	GA	
Hawaii	HI	
Idaho	ID	
Illinois	IL	
Indiana	IN	
Iowa	IA	
Kansas	KS	
Kentucky	KY	
Louisiana	LA	
Maine	ME	
Maryland	MD	
Massachusetts	MA	
Michigan	MI	
Minnesota	MN	
Mississippi	MS	
Missouri	MO	
Montana	MT	
Nebraska	NE	
Nevada	NV	
New Hampshire	NH	
New Jersey	NJ	
New Mexico	NM	
New York	NY	

State		Registration #
North Carolina	NC	
North Dakota	ND	
Ohio	OH	
Oklahoma	OK	
Oregon	OR	
Pennsylvania	PA	
Rhode Island	RI	
South Carolina	SC	
South Dakota	SD	
Tennessee	TN	
Texas	TX	
Utah	UT	
Vermont	VT	
Virginia	VA	
Washington	WA	
West Virginia	WV	
Wisconsin	WI	
Wyoming	WY	
Puerto Rico	PR	
Canada	CA	
Alberta	AB	
British Columbia	BC	
New Brunswick	NB	
New Foundland	NF	
Northwest Territories	NT	
Nova Scotia	NS	
Ontario	ON	
Prince Edward Island	PE	
Quebec	QC	
Saskatchewan	SK	
Yukon Territory	YT	
Manitoba	MB	

Not Registered in any State

Under penalties of perjury, I certify that the information on this form is true and correct.

Date:

Printed Name:

Signature:

X

Title:

Phone

Fax:

E-Mail:



ACH Payment Distribution

ACH Payment Distribution

ACH payment distribution is required unless contractual obligations specify check payment.

7 ca d`Yhjb[`H Y`bZfa Uhjb`VYck `U H cf]nYg`8]gbYmK cf`Xk]XY`G UfYX`GYf j]Wg`hc`a U_Y`57 < `DUha Ybfg"

Supplier Name: _____ Bank Name: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

9-Digit

ABA Routing #: _____ Account #: _____ ☐ Checking

☐ Savings

After a Supplier is created in the Disney Supplier Management Portal, the Supplier is responsible for making any changes/updates to the following information: address, telephone number, fax number, email address, contact name and any bank account related information.

☐ We do not have the capability for Direct Deposit.

The above ACH Payment instructions are authorized (unless declined above) and the terms and conditions stated in this agreement are accepted by:

Signature **L** _____ Title: _____ Date _____

Printed Name: _____ Remit e-Mail Address: _____



Gi dd`jYf`Ck bYfg\ jd`bZfa Ujcb`

The Walt Disney Company, its affiliates and subsidiaries are committed to making diverse business enterprises an important part of our sourcing and procurement activities.

The information collected below allows us to track our certified (or "qualified") diverse Suppliers.

Supplier Name _____ Date _____

Is the company a publicly-owned business in which at least 51% of the stock is owned by:

Minority Group Members ☐ Yes ☐ No Women ☐ Yes ☐ No ☐ Decline to Answer

Is the company a subsidiary which is wholly owned by a parent corporation, but only if at least 51% of the voting stock of the parent corporation is owned by:

Minority Group Members ☐ Yes ☐ No Women ☐ Yes ☐ No ☐ Decline to Answer

Is the company a joint venture in which at least 51% of the joint venture's management and control ("management" means those persons actively involved in the day-to-day management of the business and not merely holding the designation of officers or directors, and "control" means exercising the power to make policy decisions) and earnings are held by:

Minority Group Members ☐ Yes ☐ No Women ☐ Yes ☐ No ☐ Decline to Answer

Is the company a business in which the management and control the daily operations is done by:

Minority Group Members ☐ Yes ☐ No Women ☐ Yes ☐ No ☐ Decline to Answer

Is the company a sole proprietorship at least 51% owned by:

Minority Group Members ☐ Yes ☐ No Women ☐ Yes ☐ No ☐ Decline to Answer

Please indicate Minority Group Members:

☐ Asian Pacific American—A person with origins in Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia, Vietnam, Korea, The Philippines, U.S. Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated State of Micronesia, the Commonwealth of the North Mariana Islands, Guam, Samoa, Macao, Fiji, Tonga, Kiribati, Tuvalu, or Nauru

☐ Subcontinent Asian American—A person with origins in India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal

☐ Hispanic or Latino American—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

☐ Native Hawaiian or Other Pacific Islander—A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

☐ American Indian or Alaska Native—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment

☐ Black or African American—A person having origins in any of the black racial groups of Africa