



**SECURITY OPERATIONS**  
**AUTHORIZED SIGNATORY FORM**

**AIR CARRIERS, TENANTS AND FEDERAL AGENCIES**

I HAVE COMPLETED THE AUTHORIZED SIGNATORY TRAINING AND UNDERSTAND AND AGREE TO THE FOLLOWING:

\_\_\_\_\_ AS AN AUTHORIZED SIGNATORY, I HAVE THE ABILITY TO REQUEST THE ISSUANCE OF AIRPORT I.D. BADGES IN ADDITION TO VEHICLE ACCESS FOR MY COMPANY AND ANY NECESSARY VENDORS/CONTRACTORS. I UNDERSTAND THAT ALL VENDORS AND CONTRACTORS' MUST BE REGISTERED AND BADGED UNDER THEIR OWN COMPANY NAME AND A CRIMINAL HISTORY RECORD CHECK AND SECURITY THREAT ASSESSMENT MUST BE DONE ON EACH BADGE APPLICANT.

\_\_\_\_\_ AS AN AUTHORIZED SIGNATORY, I UNDERSTAND THAT ACCESS SHOULD ONLY BE GRANTED BASED ON A SPECIFIC OPERATIONAL NEED. THIS PERTAINS TO BADGE COLOR DESIGNATION, REQUESTED ACCESS LEVELS AND THE OPERATIONAL NEED TO OPERATE A MOTORIZED VEHICLE WITHIN THE AOA/SIDA.

\_\_\_\_\_ AS AN AUTHORIZED SIGNATORY, I UNDERSTAND AND ACKNOWLEDGE THAT I AM RESPONSIBLE FOR ENSURING THAT THE BELOW MENTIONED POLICIES, RULES AND REGULATIONS ARE BEING FOLLOWED:

- RETURN AIRPORT I.D. BADGES WHEN ACCESS IS NO LONGER NEEDED.
- PROPER USE OF DELETION FORMS AND NOTIFICATIONS REGARDING THREAT SITUATIONS.
- PROPER PROCEDURES FOR PREPARING BADGE APPLICATIONS AND RELATED FORMS.
- ENSURE THAT ALL EMPLOYEES, VENDORS AND CONTRACTORS UNDERSTAND ALL BADGING RULES AND REQUIREMENTS, INCLUDING THE ANNUAL BADGE AUDIT
- INFORM APPLICANTS THAT THEY WILL HAVE SECURITY RESPONSIBILITIES THAT MUST BE FOLLOWED UPON COMPLETION OF THEIR TRAINING.

\_\_\_\_\_ AS AN AUTHORIZED SIGNATORY, I UNDERSTAND THAT THE FAILURE TO PERFORM MY DUTIES IN A RESPONSIBLE AND APPROPRIATE MANNER MAY RESULT IN TERMINATION OF MY AUTHORIZED SIGNATORY PRIVILEGES AND MAY INCUR CIVIL PENALTIES.

\_\_\_\_\_ I UNDERSTAND THAT I WILL CONTACT SECURITY OPERATIONS TO ASK QUESTIONS AND TO SEEK ANY NECESSARY CLARIFICATION REGARDING MY RESPONSIBILITIES AS AN AUTHORIZED SIGNATORY.

\_\_\_\_\_ AS AN AUTHORIZED SIGNATORY, I UNDERSTAND THAT MY LOGIN AUTHORIZATION TO THE SIGNATORY PORTAL IS UNIQUE TO ME AND MUST BE SAFEGUARDED AND NOT SHARED OR DISEMINATED TO ANY OTHER INDIVIDUALS FOR USE. AND THAT DOING SO MAY RESULT IN TERMINATION OF MY AUTHORIZED SIGNATORY PRIVILEGES

**AUTHORIZED SIGNATORY**

NAME (PRINT) \_\_\_\_\_  
NAME (SIGNATURE) \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_  
BUSINESS TELEPHONE (\_\_\_\_) \_\_\_\_\_ FAX(\_\_\_\_) \_\_\_\_\_  
MOBILE TELEPHONE (\_\_\_\_) \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

**AUTHORIZED SIGNATORY TRAINER**

AUTHORIZING AGENT (PRINT) \_\_\_\_\_  
AUTHORIZING AGENT (SIGNATURE) \_\_\_\_\_  
DATE \_\_\_\_\_