



## AUTHORIZED SIGNATORY TRAINING

**INSTRUCTIONS:** Please thoroughly read all of the information provided on this page. If you have any questions, make sure they are answered before you initial and sign your name and date at the bottom of the page.

I understand that as an Authorized Signatory:

Initial \_\_\_\_\_ I am responsible for reviewing and signing all badge and fingerprint paperwork submitted to the Operations, for my company. I understand that no person will be allowed to begin the Security Threat Assessment process, be fingerprinted, or attend security training unless I or the other individual identified as an Authorized Signatory, for my company, have completely filled out and signed the appropriate page of the Unescorted AOA Access Application or Fingerprint and Unescorted Access Application. By signing the Application, I certify I have reviewed the application and certify that the requested credentials are necessary for the proper performance of the applicant's duties. The applicant will be given training by this company to conduct his/her job or access in a manner that will have no negative affect on the safety and security of persons or property traveling in air transportation. Upon the termination of this tenant/employee, the Airport Security Coordinator will be notified so the badge can be deactivated, and the airport-issued identification badge will be immediately returned to the Airport Authority. This further certifies that no "person", as defined by 14 CFR Part 1.1 has made fraudulent or intentionally false statements on this application consistent with 49 CR Part 1540.103.

Initial \_\_\_\_\_ I am responsible for immediately notifying Operations of any lost or stolen airport issued identification AND in the event of an employee termination (either voluntary or involuntary) immediately returning the badge to Operations.

Initial \_\_\_\_\_ For my company, I or a designated representative, will maintain a complete comprehensive tracking system for all airport airport-issued identification media, which is subject to audit, with or without notice, but no less than once every 12 months.

Initial \_\_\_\_\_ As an authorized Signatory, I understand I must complete an annual training regarding my responsibilities and duties.

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Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Representational only, form in use may be updated with administrative changes.