COMPANY INFORMATION/SIGNATORY AUTHORITY FILE FORM

Please check one: **[ ] New Company** **[ ] Change of Signatory Authority** **[ ] Secondary Authority**

COMPANY NAME: _____ **(**please print clearly**)**

SIGNATORY AUTHORITY'S NAME: _____ **(**please print clearly)

Company Mailing Address: _____

_____

Phone: _____ Fax: _____

Email address: _____

SPONSORING AIRPORT TENANT: _____
(must provide sponsorship letter from DOA, City of Atlanta, airline/tenant, or government agency)

My signature below certifies that I am the signatory authority of the above company for the issuance of Security Identification Badges and Vehicle Access Permits. My signature also certifies that I have completed and understand the requisite Signatory Authority training. I clearly understand my responsibilities as a signatory authority.

Signatory Authority Signature: _____ Date: _____

NOTE: Contact information must be completed. Any changes must be forwarded to the Security Office in writing.

---------- **STOP HERE. DO NOT WRITE BELOW THIS LINE. FOR SECURITY OFFICE USE ONLY** ----------

PAYMENT METHOD: **[ ]** Payment in Office (Cash, Money Orders, or Company Checks only) **[ ]** Company Billing (Airline) **[ ]** Complimentary

COMPANY NAME: _____

Insurance: _____ _____ _____ _____ _____ _____

Sponsorship: _____ _____ _____ _____ _____ _____

SIDA Badge: Airline (Green) ____Concession (Red) ____ Contractor (Brown) ____Government (Blue) ____

NON-SIDA Badge: Concourse/Sterile Area Only (White) ____

Vehicle Permits: **TOTAL: _____** **GATES: _____**

Badge Expiration: **[ ]** BD1Y **(**1 year max) **[ ]** BD2Y (2 year max) **[ ]** Project Expiration (1 year max) **[ ]** Insurance (ongoing contract) (1 year max)

Fingerprint CHRC: **[ ]** Airport **[ ]** Airline **[ ]** Government/Law Enforcement

DOA System Administrator/Badge: _____ DATE: _____

DOA System Administrator/Access Control: _____ DATE: _____