Hartsfield-Jackson
Atlanta International Airport

Company Information/Authorized Signatory File Form

Check One: ☐ New Company ☐ Change of Authorized Signatory ☐ Re-Instate Company ☐ Company Information Update

COMPANY NAME: _____ *(please print clearly)*

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

Check One: ☐ PRIMARY Authorized Signatory ☐ SECONDARY Authorized Signatory

AUTHORIZED SIGNATORY'S TITLE: _____ *(please print clearly)*

Company Mailing Address: _____

_____

Telephone Number: _____ FAX Number: _____ Tax ID: _____

Signatory E-Mail: _____

Type of Company: _____ (ex: communications, electrical)

SPONSORING AIRPORT TENANT: _____

NOTE: Must provide sponsorship letter from DOA (City of Atlanta), TSA, Airlines, AATC, TBI Airport Management

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.

AUTHORIZED SIGNATORY SIGNATURE: _____ **DATE:** _____

NOTE: Contact information must be completed. ***Authorized Signatory must bring changes to the Security Office in writing.***

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

PAYMENT METHOD: ☐ Payment In Office (Money Order, Company Check, or Credit Card only) ☐ Company Billing (Airlines) ☐ Complimentary

COMPANY NAME: _____

Insurance: _____ _____ _____ _____ _____

Sponsorship: _____ _____ _____ _____ _____

SIDA Badge: Airline (Green) _____ Concession (Red) _____ Contractor (Brown) _____ Government (Blue) _____

NON-SIDA Badge: Concourse/Sterile Area Only (White) _____ Public (Black) _____

Vehicle Permits: TOTAL: _____ GATES: _____

Badge Expiration: ☐ BD1Y (1 year max) ☐ BD2Y (2 year max) ☐ Project Expiration (1 year max) ☐ Insurance (1 year max) ☐ On-going Contract

Fingerprint CHRC: ☐ Airport ☐ Airline ☐ Government/Law Enforcement

DOA System Administrator/Badge: _____ Date: _____

DOA System Administrator/Access Control: _____ Date: _____

Last Revised: 12/11