

| |
|-----------------------------|
| Operations Use |
| Received ____ / ____ / ____ |

COMPANY SECURITY MEDIA AUTHORIZATION

- By signing this form, the Company Principal is authorizing the other persons listed below to act on behalf of the company concerning security media. **Airport Operations personnel or a Notary Public must check/confirm ID and witness all company signatures.**
- The Signatory who will be responsible for signing individual security media applications (i.e.: key, ID badge, vehicle permit, badge audits) must have the legal authority to bind this tenant/company to contracts. And **must undergo a Security Threat Assessment, (STA), a fingerprint-based Criminal History Records Check (CHRC) and Annual Training.**
- The Airport Badging Office must be notified any time there is a change in authorized company signatories.
- Signatories signing and requesting issuance of security media is responsible for monitoring the use of all items issued. **SECURITY MEDIA are ISSUED TO INDIVIDUALS AND CANNOT BE LOANED TO OTHERS.** Tenant/company/signatory is responsible for retrieving security media from terminated employees and returning items to Airport Operations immediately following termination. **TENANT/COMPANY CANNOT REISSUE SECURITY MEDIA TO OTHER EMPLOYEES.** Airport Operations must issue all security items.
- **This form must be the original, no fax or copies allowed.**
- Tenant/Company/signatory agrees to abide by all requirements outlined in these instructions.

Company Name: _____

Company Mailing Address: _____

Address City State Zip Code

Company Billing Address (if different): _____

Address City State Zip Code

Primary Telephone: _____ Other Telephone: _____

Fax: _____ Primary e-mail: _____

Emergency / after-hours point of contact: _____

Name Home Telephone

Cell phone Pager Other

COMPANY PRINCIPAL AND AUTHORIZED COMPANY SIGNATURES (2 Max)

[] I, the Company Principal, hereby authorize the following people to sign Airport Security media applications. I understand that **ALL Authorized Signatories will be required to undergo a Security Threat Assessment, (STA), a fingerprint-based Criminal History Records Check (CHRC) and Annual Training.** If Company Principal will be an authorized signatory, please print name below. (Signatures required on page 2 of this form)

Print Name

Print Name

COMPANY PRINCIPAL:

_____ / ____ / ____

Print Name & Title of COMPANY PRINCIPAL

Signature

Date

Airport Operations personnel or a Notary Public must check/confirm ID and witness the Company Principal's signature.

NOTARY PUBLIC OR AIRPORT OPERATIONS USE:

Type of Gov. Photo ID: _____ Number: _____ Expiration Date: ____ / ____ / ____

COMPANY PRINCIPAL MUST PRESENT GOVERNMENT ISSUED PHOTO IDENTIFICATION AND IT MUST BE RECORDED ABOVE.

[] **Notary Public:** I declare under penalty of perjury that the foregoing is true. I, _____, do hereby certify on ____ / ____ / ____,

Company Principal _____ personally appeared. Notary Public in and for the County of

_____, State of _____.

My commission expires on ____ / ____ / ____

Signature of Notary Public: _____

[] Airport Operations representative (witness): _____ Date: ____ / ____ / ____

Company Name: _____

AUTHORIZED COMPANY SIGNATORY

I, the Company Signatory, understand by signing and requesting issuance of Airport security badges that I am responsible for monitoring the use of said badges. Security badges are the property of Phoenix-Mesa Gateway Airport and must be surrendered upon request. I understand I am responsible for retrieving security badges from terminated personnel and immediately returning them to the Airport Badging Office. **Once I am aware a badge is no longer needed I will immediately contact the Badging Office to deactivate/stop list the badge** and I understand that there will be a badge fee for all unreturned badges. **Airport Operations personnel must check/confirm ID and witness signature.**

_____/_____/_____
Print Name Signature Date

Type of Gov. Photo ID: _____ Number: _____ Exp Date: ____/____/____ by: _____

_____/_____/_____
Signatory Training Completed Training Administrator Name (Print) Training Administrator Signature

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_____/_____/_____
Print Name Signature Date

Type of Gov. Photo ID: _____ Number: _____ Exp Date: ____/____/____ by: _____

Airport use only

Fingerprints taken: ____/____/____ by: _____ CHRC: ____/____/____ by: _____ STA: ____/____/____ by: _____

_____/_____/_____
Training Completed Training Administrator Name (Print) Training Administrator Signature

BADGE SPECIFICATIONS – AIRPORT USE ONLY

Badge Type: _____ Access Levels: _____

Active Duration: _____ Fee: _____ Training: _____

Project: _____ Project Coordinator: _____

Comments: _____

CHECK LIST:

Letter of Intent Billing Information Form Signatory Training Form Badge Application

Security Media Verification Form: Contractor Tenant / Concessionaire Based Aircraft