Hartsfield-Jackson
Atlanta International Airport®

Security
Company Information/Authorized Signatory File Form

Check One: ☐ New Company ☐ Change of Authorized Signatory ☐ Reinstate Company ☐ Company Information Update

(Type/print clearly) **LEGAL COMPANY NAME:** _____

Company Mailing Address _____

_____

Check One: ☐ PRIMARY Authorized Signatory ☐ SECONDARY Authorized Signatory

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

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

Office:_____ Mobile: _____ Fax: _____ Tax ID: _____

Signatory E-Mail: _____

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

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 ☐ Company Billing ☐ Complimentary
(Money Order, Company Check, or Credit Card only) (Airlines)

COMPANY NAME: _____

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

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

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

DOA System Administrator/Badge: _____ Date: _____

DOA System Administrator/Access Control: _____ Date: _____

Initial/Date Sent to Lease Accounting: _____ Initial/Date Sent to Accounts Receivable _____

Last Revised: 03/2014