

HARTSFIELD-JACKSON ATLANTA INTERNATIONAL AIRPORT

COMPANY INFORMATION/AUTHORIZED SIGNATORY FILE FORM



****DOCUMENTS REQUIRED:** Form W-9 or W-8 series for Int'l company, Business Registration of Incorporation, Letter of Credit, COI, (upon request).

Check One: New Company | Change of Authorized Signatory | Reinstatement Company | Company Information Update

Legal Company Name: _____

Company Operating Name: _____

Company Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Tax ID #: _____ **Type of Business:** _____ **IATA airline code (if any):** _____

PRIMARY BUSINESS OFFICER

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Position/Title: _____ **Function:** _____ **Email:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Country:** _____

Office #: _____ **Mobile #:** _____ **Fax #:** _____

BILLING

Contact Name: _____ **Email:** _____ **Office #:** _____

Position/Title: _____ **Function:** _____ **Mobile #:** _____

I hereby certify that the information contained herein is complete and accurate:

Primary Business Officer Signature: _____ **Date:** _____

AUTHORIZED SIGNATORY

Check One: PRIMARY Authorized Signatory | Change of Authorized Signatory | Secondary Authorized Signatory

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Position/Title: _____ **Function:** _____ **Email:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Country:** _____

Office #: _____ **Mobile #:** _____ **Fax #:** _____

I hereby certify that the information provided herein is complete and accurate to the best of my knowledge. By signing below, I affirm my intent to serve as the signatory authority for the above-named company in matters related to the issuance of Security Identification Badges and Vehicle Access Permits. Furthermore, I acknowledge that I must successfully complete the Authorized Signatory training and obtain my own identification badge before I am permitted to authorize the issuance of badges to others.

Authorized Signatory Signature: _____ **Date:** _____

NOTE: Contact information must be completed. **AUTHORIZED SIGNATORY MUST BE EMAIL COMPLETED AND SIGNED FORM TO SECURITYID@ATL.COM.**

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

Payment Method: Payment Required | Billed | Complimentary

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) _____

Badge Expiration: BDIY (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 Credentialing: _____

Date: _____

DOA System Administrator/Access Control: _____

Date: _____

Initial/Date Sent to Lease Accounting: _____

Initial/Date Sent to Accounts Receivable _____