



6263 South Taxiway Circle
Mesa, Arizona 85212
Telephone: 480-988-7520
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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 the Company Principal's signature.**
- 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), Annual Training and a fingerprint-based Criminal History Records Check (CHRC) if required.**
- 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. The tenant/company will be billed a \$50.00 fee for each unreturned badge. **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 and must be renewed annually.**
- 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: _____

Security Alert Fax: _____ Primary E-Mail: _____

Emergency / after-hours point of contact: _____
Name Home Telephone

Cell phone Pager Other

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), Annual Training and a fingerprint-based Criminal History Records Check (CHRC) if required. If Company Principal will be an authorized signatory, please print name below.

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: ____ / ____ / ____

AIRPORT USE ONLY

Company Name: _____

AUTHORIZED COMPANY SIGNATORY

Badge # _____

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 Phx-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.

_____/_____/_____
Print Name Signature Date

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

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

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

AUTHORIZED COMPANY SIGNATORY

Badge # _____

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_____/_____/_____
Print Name Signature Date

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

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

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

BADGE SPECIFICATIONS

Badge Type: _____ Access Levels: _____

Active Duration: _____ Fee: _____ Training: _____

Project: _____

Project Coordinator: _____

Comments: _____