

MAUI DISTRICT AIRPORTS Authorized Signatory



	Pleas	e type. Handwritten forms	will be rej	ected.		
Company Name:						
Name of Applicant:	LAST	FIRST			FULL MI	DDLE
Company Mailing Add						
Applicant's E-Mail Ac	ldress:					
Check best contact n	umber:					
Office Phone #:		C	ell Phon	e #:		
		ation (TSA) AND Airpo receives Airport ID Bac				
employees onto airpor of contact for security Individuals approved f such, the duties and re-	t property, author related items, and for such authority sponsibilities of t	ny's designated represertized to request security d the accountable person play a significant role in the Authorized Signatory and their responsibilities.	items fror for Pass n the cred	n the Pass & ID Officentialing of	& ID Office, ce issued secu of Airport emp	the main point rity items.
continuance of Authorized aspect of the Authorized	orized Signatory ed Signatory prog	within 12 months of the privileges and badge regram requirements will a fice to the employees of	enewal. Iffect an A	Failure to authorized	complete or consistency consistency of consistency consistency of the	omply with any tatus and may
to the Pass & ID Offic return Pass & ID Offic the item(s) and/or priv	e upon expiration e issued items m ileges. In addition	roperty of the DOTA and, when requested, or what ay result in monetary firms on, requests from compartil the company settles s	en no lon les and/or nies with	ger needed temporary outstandin	d. Misuse of or y or permaneng or expired P	or failure to t revocation of Pass & ID
		mpany's contact informa ass & ID Office of any of				& ID Office.
By signing this docum Authorized Signatory		ge understanding of the a	above and	accept the	e requirements	s of the
Signature:				Date:		
For Pass & ID Office Use Only	v.					
Training Date:		_Trainer Initials:	For	n Upload	Date:	
Visible ID#:		Badge Type:	AOA	SIDA	STERILE	PERMITEE