



LIHUE AIRPORT Authorized Signatory



Please type/print legibly

Company Name: _____

Name of Authorized Signatory: _____

Company Mailing Address: _____

E-Mail Address: _____

Check best contact number:

Office Phone #: _____ Cell Phone #: _____

The Transportation Security Administration (TSA) AND Airport Security Program mandates each company, agency, tenant, and/or organization that receives Airport ID Badges have an Authorized Signatory on file with the Pass & ID Office.

The Authorized Signatory is the company's designated representative who is authorized to sponsor company employees onto airport property, authorized to request security items from the Pass & ID Office, the main point of contact for security related items, and the accountable person for Pass & ID Office issued security items. Individuals approved for such authority play a significant role in the credentialing of Airport employees. As such, the duties and responsibilities of the Authorized Signatory will be discussed in training, so individuals understand the program requirements and their responsibilities.

Initial and annual recurrent training within 12 months of the Signatory's last training is required for badge renewal. Failure to complete or comply with any aspect of the Authorized Signatory program requirements will affect an Authorized Signatory's status and may affect all Pass & ID Office issued items that are issued to the company, agency, tenant, or organization.

All Pass & ID Office issued items are property of the DOTA and must be returned or surrendered immediately to the Pass & ID Office upon expiration, when requested, or when no longer needed. Misuse of or failure to return Pass & ID Office issued security items may result in monetary fines and/or temporary or permanent revocation of the item(s) and/or privileges. In addition, requests from companies with outstanding or expired Pass & ID Office issued item(s) will be denied until the company settles such item(s) with the Pass and ID Office.

By signing this document, I acknowledge understanding of the above and accept the requirements of the Authorized Signatory program rules and responsibilities.

Signature: _____ Date: _____

For Pass & ID Office Use Only

Training Date: _____ Trainer Initials: _____ Form Upload Date: _____

Visible ID#: _____ Badge Type: AOA SIDA STERILE PERMITEE