



PHOENIX-MESA GATEWAY AIRPORT  
5835 SOUTH SOSSAMAN ROAD  
MESA, ARIZONA 85212-6014

PHONE (480) 988 7600  
FAX (480) 988 2315

## AUTHORIZED SIGNATORY TRAINING

**INSTRUCTIONS:** Please thoroughly read all of the information provided on this page. Contact the Airport Badging Office at (480) 988-7520 if you have any questions. Your initials and signature indicate a full understanding of the information being presented.

### INITIAL

- \_\_\_\_\_ I. As an Authorized Signatory, I understand that I or one other individual identified as an Authorized Signatory for my company will be responsible for signing and authorizing the use of all security media issued to my company by Phoenix-Mesa Gateway Airport This includes but is not limited to:
- a) Security Identification Badges
  - b) Security Identification Badge Audits
  - c) Key Requests
  - d) Vehicle Registration Page (if applicable)
- \_\_\_\_\_ II. I understand that no person shall be allowed to begin the badging process which includes the completion of the STA, fingerprinting, or attend security training unless I or one other individual identified as an Authorized Signatory for my company have completed and signed the Company Signatory Certification block on the Airport Security Badge Application.
- \_\_\_\_\_ III. I understand the Airport Badging Office can only accept the original security media application forms. I understand the Airport Badging Office cannot accept a copy or fax copy of any form.
- \_\_\_\_\_ IV. I understand that by signing the Company Signatory Certification block on the Airport Security Badge Application/Airport Key Request Form I certify that I have reviewed the application and that the requested security media, is required by the applicant in the completion of his/her duties.
- \_\_\_\_\_ V. I certify that the applicant will be provided proper training by this company to conduct his/her duties or access in a manner that will not negatively affect the safety and security of persons and property at Phx-Mesa Gateway Airport.
- \_\_\_\_\_ VI. I understand that the applicant may be required to undergo required airport provided training (SIDA Training, Ramp Driver, Tow/Tug Operator, Airfield Driver, Fuel Handler) and that this training may require annual recurrent training.
- \_\_\_\_\_ VII. I understand that security media (Badges, Keys) is the property of Phx-Mesa Gateway Airport. That security media is issued to individuals and cannot be loaned to others, and that you cannot reissue security media to others. All security media must be returned to the Airport Badging Office.



INITIAL

- \_\_\_\_\_ VIII. I understand and agree to immediately notify the Airport Badging Office of any termination of an employee or change in employee status where access to the Restricted Area/SIDA/Sterile Area is no longer required. I understand it is my responsibility to immediately return the security media to the Airport Badging Office.
- \_\_\_\_\_ IX. I understand that it is my responsibility to immediately notify the Airport Badging Office of any lost or stolen security media.
- \_\_\_\_\_ X. I understand that a new security media application form must be filled out and signed for all renewal or replacement security media. Lost security media requires a written statement signed by the applicant describing how the media was lost.
- \_\_\_\_\_ XI. I understand that a \$50.00 fee will be charged to my company for each Security Badge that is lost or unreturned. I understand that failure to pay these fees can result in Phx-Mesa Gateway Airport suspending /revoking all remaining security media for my company or refusing to issue additional media until the fees are paid.
- \_\_\_\_\_ XII. I understand and will advise applicants that they must show proof of identity and employment eligibility using the provided acceptable documents list.
- \_\_\_\_\_ XIII. I understand that a new Company Security Media Authorization form will be filled out annually.
- \_\_\_\_\_ XIV. For my company, I or a designated representative, will maintain a complete comprehensive tracking system for all Airport issued security media, which is subject to audit, with or without notice, but no less than once every 12 months.
- \_\_\_\_\_ XV. As an Authorized Signatory, I understand that I must complete annual training regarding my responsibilities.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name