FREDERICK W. SMITH INTERNATIONAL AIRPORT
MEMPHIS

AUTHORIZED SIGNATORY AUTHORIZATION & TRAINING FORM

(INITIAL & RECERTIFICATION)

AUTHORIZED SIGNATORY - CERTIFICATION REQUIREMENTS

Only Companies that have signed an Airport Operating Agreement or Airport User Access Agreement from the Memphis-Shelby County Airport Authority (MSCAA) will be allowed to have Authorized Signatories. The amount of Authorized Signatories that a Company will be allowed to have will be based on the number of employees and operational needs (At least 1 but no more than 3). Any exceptions to this policy must be approved by the Airport Security Coordinator or designee. All Authorized Signatories must successfully complete the Security Threat Assessment (STA), Criminal History Records Check (CHRC) and SIDA Training.

AUTHORIZED SIGNATORY - RESPONSIBILITIES, POLICIES & PROCEDURES - AGREEMENT

As an Authorized Signatory of an Airline/Tenant Company who can request identification media (ID Badges), access, reports and records on their employees, contractors or vendors from MSCAA, I understand, will adhere to and will be held accountable for the following procedures:

1. As an Authorized Signatory of my Airline/Tenant Company legal action will be taken against me and/or my Airline/Tenant Company for making any fraudulent entries or intentionally falsifying statements on any application, report or record submitted to the MSCAA.

   IMPORTANT NOTICE: Signing any document as an Authorized Signatory without verifying the information you are certifying is and will be considered a fraudulent act and a violation of the Memphis International Airport (MEM) Airport Security Program (ASP).

2. If one of my employees checks any of the 28 listed crimes on the MSCAA CHRC/STA SIDA, Sterile or AOA ID Badge Application (ACC FM 01), then such applicant will be disqualified from receiving a MSCAA issued ID Badge that allows access into any SIDA, Sterile or AOA area at MEM.

3. Upon the termination, suspension or report of lost/stolen ID Badge of any of my employees, I will immediately verbally notify the MSCAA Communications Center (Tel # 922-8298) of the terminated, suspended or lost/stolen ID Badge; make every effort to retrieve/confiscate the MSCAA issued ID Badge; and then immediately return the confiscated ID Badge to the MSCAA ID Office or, if the ID Office is closed, the MSCAA Communications Center. I will then send a follow-up email to the ID Office (IDOffice@flymemphis.com) advising of the suspended, terminated or lost/stolen ID Badge.

   IMPORTANT NOTICE: Failure to immediately verbally notify the MSCAA Communications Center of any terminated, suspended or lost/stolen ID Badge will subject the Authorized Signatory and/or Airline/Tenant Company to be fined by the MSCAA and/or Transportation Security Administration (TSA) and cause your Authorized Signatory status to be permanently revoked.

4. I will immediately notify the MSCAA ID Office (Tel # 922-8005) or, if the ID Office is closed, the MSCAA Communications Center of any employees convictions after the Fingerprint CHRC has been completed. If the conviction is any of the 28 listed crimes, I will immediately confiscate the MSCAA issued ID Badge and deny my employee access to any Airport SIDA, Sterile, or AOA area. I will then immediately return the confiscated MSCAA issued ID Badge to the MSCAA ID Office or, if the ID Office is closed, the MSCAA Communications Center.

5. Within 24 Hours, I will report in writing to the MSCAA ID Office, on the MSCAA Daily Badge Status Report (ACC FM 05b), all employees' badge status changes (i.e. Terminated, Suspended, Expired, Lost, Stolen etc.).

   IMPORTANT NOTICE: Failure to notify in writing the MSCAA ID Office, on the MSCAA Daily Badge Status Report (ACC FM 05b), all employees' badge status changes within 24 hours, will subject the Authorized Signatory and/or Airline/Tenant Company to be fined by the MSCAA and/or TSA and cause your Authorized Signatory status to be permanently revoked.

6. Within 24 Hours of confiscation, I will return all other MSCAA issued ID Badges (regardless of reason) to the MSCAA ID Office or, if the ID Office is closed, the MSCAA Communications Center.

INITIAL/RECERTIFYING AUTHORIZED SIGNATORY - SIGNATURE BLOCK

BY SIGNING THIS FORM, I CERTIFY THAT I HAVE COMPLETED AND UNDERSTAND THE AUTHORIZED SIGNATORY INITIAL/RECERTIFYING TRAINING; MY RESPONSIBILITIES AS A AUTHORIZED SIGNATORY; AND THAT I WILL FOLLOW THE POLICIES AND PROCEDURES OUTLINED IN THIS FORM BY MSCAA.

(AUTHORIZED SIGNATORY PRINTED NAME)	(AUTHORIZED SIGNATORY SIGNATURE)	(AIRLINE/TENANT COMPANY)	(DATE)

INITIAL/RECERTIFYING AUTHORIZED SIGNATORY - ADDITIONAL INFORMATION

AIRLINE/TENANT COMPANY: _____ **ID BADGE #:** _____

DIVISION/DEPARTMENT/TITLE: _____ (DIVISION/DEPARTMENT) _____ (TITLE)

COMPANY MAILING ADDRESS: _____ (STREET) _____ (SUITE) _____ (CITY) _____ (STATE) _____ (ZIP)

TELEPHONE # S: _____ (OFFICE) _____ (CELL - MANDATORY) _____ (FAX)

EMAIL ADDRESS: _____

PRIMARY AUTHORIZED SIGNATORY OR AIRLINE/TENANT COMPANY MANAGER - APPROVAL

(This form must be signed by your Company's Primary Authorized Signatory, Airline Station Manager or Tenant Company Manager or an approved Airport Authority Representative prior to submittal to the MSCAA Airport Security Coordinator or Designee)

I hereby authorize _____ (PRINT INITIAL/RECERTIFYING A.S. FULL NAME) to be a ☐ PRIMARY ☐ ALTERNATE Authorized Signatory for my Airline/Tenant Company.

_____ (DATE) _____ (AIRLINE/TENANT COMPANY) _____ (PRIMARY A.S./MANAGER NAME) _____ (SIGNATURE) _____ (TITLE) _____ (TELEPHONE #)

IMPORTANT NOTICE: COMPLETED FORMS MUST BE TURNED IN TO MSCAA AIRPORT SECURITY COORDINATOR OR DESIGNEE (I.E. ID OFFICE AUTHORIZED SIGNATORY TRAINING INSTRUCTOR) AT THE TIME OF "INITIAL/RECERTIFYING" TRAINING. INCOMPLETE FORMS & FORMS MISSING THE "INITIAL/RECERTIFYING" AUTHORIZED SIGNATORY'S AND/OR THEIR "PRIMARY" AUTHORIZED SIGNATORY/MANAGER'S "ORIGINAL SIGNATURES" WILL NOT BE PROCESSED/APPROVED BY MSCAA.

SECTION BELOW IS FOR MSCAA AIRPORT SECURITY COORDINATOR OR DESIGNEE USE ONLY!

MSCAA AUTHORIZED SIGNATORY - TRAINING INSTRUCTOR'S - CERTIFICATION USE ONLY!

_____ (DATE OF TRAINING) ☐ YES ☐ NO (TRAINING PASSED) _____ (MSCAA A.S. INSTRUCTOR'S - NAME) _____ (MSCAA A.S. INSTRUCTOR'S - SIGNATURE)

MSCAA AIRPORT SECURITY COORDINATOR OR DESIGNEE – APPROVAL USE ONLY!

☐ PERMANENTLY REVOKED

_____ (DATE RECEIVED) ☐ YES ☐ NO (A.S. APPROVED) _____ (APPROVER'S - NAME) _____ (APPROVER'S - SIGNATURE) (REVOKED - DATE) (REVOKED - BY)