

EMPLOYEE ESCORT REQUEST

INSTRUCTIONS: PLEASE PRINT LEGIBLY OR TYPE INFORMATION. "ALL BLOCKS ARE REQUIRED INFORMATION". FAX OR RETURN COMPLETED & SIGNED FORM TO THE MSCAA AIRPORT ID OFFICE. (FAX #: (901) 922-**8473**).

COMPANY NAME	ESCORT ACCESS FOR EMPLOYEE NAME	EMPLOYEE BADGE #	EMPLOYEE JOB TITLE	REASON FOR ESCORT ACCESS

IMPORTANT NOTICE: THIS FORM MUST BE SIGNED BY A CERTIFYING OFFICIAL PRIOR TO SUBMITTAL TO THE ID OFFICE.

CERTIFYING OFFICIAL INFORMATION

(CO COMPANY NAME):

I certify that I am an authorized Approving Officer for my Company and an approved MSCAA Certifying Official. I further certify that the above ☐ **Employee(s)** ☐ **Contractor(s)** is/are currently employed/contracted by my Company and has/have a job related need to escort unbadged individuals on/in the AOA/Secure Areas.

(CERTIFYING OFFICIAL – WORK PHONE #)

(CERTIFYING OFFICIAL – CELL PHONE #)

(CERTIFYING OFFICIAL – FAX #)

(CERTIFYING OFFICIAL – PRINT FULL NAME)

(CERTIFYING OFFICIAL – SIGNATURE)

(DATE)

ID OFFICE USE ONLY!

☐ **Yes** ☐ **No**

(DATE RECEIVED)

(FILED BY)

(APPROVED)

(APPROVED/DENIED BY)

(DENIED REASON)