



## EMPLOYER INFORMATION AND AUTHORIZATION FORM

Date: \_\_\_\_\_  
Month/Day/Year

NEW

UPDATE

<b>Company</b>	<input type="checkbox"/> Airline	<input type="checkbox"/> Airport Tenant	<input type="checkbox"/> Sub-Tenant	<input type="checkbox"/> Government	<input type="checkbox"/> Union
<b>Type:</b>	<input type="checkbox"/> Concessionaire	<input type="checkbox"/> Contractor	<input type="checkbox"/> Construction	<input type="checkbox"/> Vendor	

COMPANY INFORMATION		
Company Name _____		
Local Address _____		
City _____	State _____	Zip _____
Alternative Address _____		
City _____	State _____	Zip _____

EXECUTIVE LEVEL MANAGER RESPONSIBLE FOR BADGING OVERSIGHT		
Contact Name _____	Badge # _____	
Title _____	Email _____	
Work phone _____	Home phone _____	Fax _____

PRIMARY SIGNATORY CONTACT		
Contact Name _____	Badge # _____	
Title _____	Email _____	
Work phone _____	Home phone _____	Fax _____

SECONDARY SIGNATORY CONTACT		
Contact Name _____	Badge # _____	
Title _____	Email _____	
Work phone _____	Home phone _____	Fax _____

President, Owner, or Senior Executive	<small>Printed name</small>	<small>Signature</small>	<small>Title</small>
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**The following individuals are authorized to sign Security Access Identification Badge Applications:**

Signatory Name (Print) _____ Authorized Signature _____ Email address _____ Badge # _____ <input type="checkbox"/> Add <input type="checkbox"/> Delete	Signatory Name (Print) _____ Authorized Signature _____ Email address _____ Badge # _____ <input type="checkbox"/> Add <input type="checkbox"/> Delete
Signatory Name (Print) _____ Authorized Signature _____ Email address _____ Badge # _____ <input type="checkbox"/> Add <input type="checkbox"/> Delete	Signatory Name (Print) _____ Authorized Signature _____ Email address _____ Badge # _____ <input type="checkbox"/> Add <input type="checkbox"/> Delete
Signatory Name (Print) _____ Authorized Signature _____ Email address _____ Badge # _____ <input type="checkbox"/> Add <input type="checkbox"/> Delete	Signatory Name (Print) _____ Authorized Signature _____ Email address _____ Badge # _____ <input type="checkbox"/> Add <input type="checkbox"/> Delete

I hereby certify that I am a tenant for the above-mentioned company. I understand that I must supervise and provide written authorization for all ID badging and Access Control transactions for their sub-tenants, employees, contractors, and vendors. I will ensure proper use and authorization of access to space leased under the terms of the lease agreement. As the tenant, I understand that I must ensure that all signatories adhere to badging regulations.

<b>Tenant Authorization</b>	<small>Signature</small>
<small>Printed name</small>	
Company _____	Badge # _____

CDA Processed By \_\_\_\_\_