



EMPLOYER INFORMATION AND AUTHORIZATION FORM

City of Chicago
Department of Aviation
Safety & Security Office of Compliance

Date:

Month/Day/Year

New

Update

Company Type: Airline Airport Tenant Sub-Tenant Government Union
 Concessionaire Contractor Construction Vendor

COMPANY INFORMATION

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

PRESIDENT, OWNER OR SENIOR EXECUTIVE LEVEL MANAGER RESPONSIBLE FOR BADGING OVERSIGHT

Contact Name _____ Title _____
 Email _____ Badge # _____
 Work Phone _____ Mobile Phone _____ Fax _____

PRIMARY SIGNATORY CONTACT

Contact Name _____ Title _____
 Email _____ Badge # _____
 Work Phone _____ Mobile Phone _____ Fax _____

Printed name _____ Signature _____ Title _____
 President, Owner, or Senior Executive

The following individuals are authorized to sign Security Access Identification Badge Applications:

Signatory Name (Print) _____ Authorized Signature _____ Email Address _____ Mobile Phone # _____ Badge# _____ <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete	Signatory Name (Print) _____ Authorized Signature _____ Email Address _____ Mobile Phone # _____ Badge# _____ <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete
Signatory Name (Print) _____ Authorized Signature _____ Email Address _____ Mobile Phone # _____ Badge# _____ <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete	Signatory Name (Print) _____ Authorized Signature _____ Email Address _____ Mobile Phone # _____ Badge# _____ <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete
Signatory Name (Print) _____ Authorized Signature _____ Email Address _____ Mobile Phone # _____ Badge# _____ <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete	Signatory Name (Print) _____ Authorized Signature _____ Email Address _____ Mobile Phone # _____ Badge# _____ <input type="checkbox"/> Add <input type="checkbox"/> Update <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.

Printed Name _____
 Tenant Authorization _____
 Company _____

 CDA Processed By _____

Signature _____
 Badge# _____

 Date _____