Section 1: To be completed by an Authorized Signatory

Please print clearly. Do not leave spaces blank. If an area not applicable – Write N/A

Section 1:

Only Authorized Signatories may submit the name of a person to work, drive or receive an identification media at Tucson International Airport (TUS). If you are not currently on the official list as having the authority to authorize someone, we cannot begin the process.

By Authorizing the Airport Security Office (ASO) to begin the badging process, you verify that you and/or your company will assume responsibility for the applicant. You further agree that you or your company will reimburse the Tucson Airport Authority (TAA) for any fines levied against it as a result of any violations committed by said company, its employee, representatives, tenants, sub-tenants, contractors, etc.

You further understand that the Transportation Security Administration (TSA) requires airport employers and any other sponsoring entities, to inform the airport operator (TAA), if an individual who holds a personnel identification media, no longer meets the requirements to hold the identification media or the privileges granted. Example: no longer employed, the business purpose has ceased, or the visa has expired.

If you request escort privileges be authorized for your employee, you agree that escorting is critical for the employee to conduct the duties of their position, as well as other airport-approved activities.

If you request driving privileges, you and/or your company agree that driving is a critical need for the employee to conduct the duties of their position and other airport approved activities. You further agree to ensure that your employee will abide by all TUS driving rules and regulations. TUS Airside Operations is exclusively responsible for administering and enforcing driving regulations at TUS.

You understand that TAA uses biometric facial authentication technology for access control.

You and your company are aware of the Criminal History Record Check (CHRC) and Security Threat Assessment (STA) requirements that will be conducted on this applicant and that the results obtained may prohibit him/her from obtaining access.

Name of Applicant: _____

Company/Tenant Name: _____

ID Media Status Requested:

☐ New ID Media ☐ Renewal ID Media ☐ Replacement ID Media ☐ Authorized Signatory

ID Media Type Requested:

☐ SIDA/All Area Access ☐ AOA Access Only ☐ Sterile Area Access

ID Media Endorsements Requested:

☐ Escort ☐ AALE ☐ CBP ☐ None

Driving Endorsements:

☐ Non-Movement Area ☐ Movement Area ☐ Taxi ☐ None
Reason Requested: _____

☐ I affirm the employee has a valid state operator's driver license and a 36-month driver license motor vehicle record showing that the license is valid

Key Request:

☐ Key Number ___, ___, ___, ___, ___, ___, ___, ☐ None

To be completed by the TAA:

MVD License Record Confirmed Employee Initials: _____ Date: _____
Movement Area or Taxi Approval: Employee Initials: _____ Date: _____

Section 1 Continued: Authorized Signatory Certification Regarding Applicant Information, Access Media and Access Points:

Upon approval, the individual below is an authorized signatory and authorizes the applicant to work and/or be a tenant/subtenant.

_____ _____
Signature of Authorized Signatory **Printed Authorized Signatory Name**

_____ _____
Date **Sponsoring Company/Tenant**
Only if sponsoring sub-companies