



DETROIT METROPOLITAN WAYNE COUNTY AIRPORT

**USER CERTIFICATION AND AUTHORIZING SIGNATURE LIST
FOR AIRPORT ID BADGE ISSUANCE**

Company Name: _____ **Dept.:** _____

Mailing Address: _____ **Email:** _____

Phone Number (_____) _____ **Fax** (_____) _____

By TSA regulations, only **Airport Users**, as certified by the Airport Operator, are granted the authority to request Airport issued ID Badges for access to the Airport's Secured Areas. Those individuals seeking to be allowed to "authorize" Airport ID Badge Applications and to make security decisions for their company must read and agree to the following before being certified by the Airport:

1. I affirm that all information on Applications will be completed and reviewed prior to authorizing it and I will not knowingly sign or submit an Application that contains information that is false or misleading.
2. I understand that by TSA regulations I must be in possession of an Airport Photo ID Badge to be permitted to authorize Badge Applications and I will undergo recurrent Authorized Signer Training annually through the Airport's Credentials Office. I must notify the Airport immediately if I separate from my company or if others from my company who are currently authorized to sign for Badges are separated.
3. I affirm that our company will maintain sufficient administrative records regarding each Badged employee and will make these records available to the Airport Authority for inspection to determine compliance with all security requirements. The records shall include, but not be limited to the following:
 - a) A copy of the Badge Application.
 - b) A copy of the Badge Separation Form for all non-active employees.

The records will be maintained at: Address: _____

The records will be maintained by: Name or Title: _____

Phone #: (_____) _____

4. I will report to the Airport within 24 hours if I, or any employee, who currently possesses an Airport Photo ID has a possible conviction for one of the "disqualifying crimes" as identified in the Badge Information Handout.
5. I will make my employees aware of the Security rules and procedures at DTW and acknowledge responsibility for any TSA fines levied against Detroit Metropolitan Wayne County Airport, which are caused by the failure of myself or one of my employees to adhere to the DTW Security Program.
6. I affirm that prior to authorizing an application, each applicant has not been convicted of, or been found not guilty by reason of insanity, of any of the TSA disqualifying crimes.
7. I understand that failure to comply with the requirements of this certification will result in the termination of my, and/or my company's, authorizing authority and access privileges and may subject me or my company to possible TSA Civil Penalties.

AIRPORT SECURITY
DETROIT METROPOLITAN AIRPORT – 601 ROGELL DR, SUITE 2291 - DETROIT , MI 48242
(734) 942-3606 Fax (734) 942-3814

