

WILLOW RUN (YIP) AIRPORT - WCAA

DELEGATION OF AUTHORITY AND USER CERTIFICATION FOR AIRPORT ID BADGE ISSUANCE

Comp	oany Name:		Project:				
Mailing Address:			C&A Permit #:				
			C.I.P/WC #:				
Office Phone:			Completion Date:				
ID se ap all	Badges for access to the rvices who do not currently proved by the current Airline	Airport's Secured Area hold a lease with the A or Airport tenant for wh ID Badge Applications	tor, are granted the authority to request Airport issued s. Those companies performing construction or other irport are only permitted to request Badging authority if nom they are working. Those individuals seeking to be and to make security decisions for their company, ertified by the Airport:				
1.	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.	authorize Badge Applica	understand that I must be in possession of an Airport Photo ID Badge to be permitted to uthorize Badge Applications. I will notify the Airport immediately if I separate from my company or 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. c) Any other information as required by the YIP Airport Director. 						
	The records will be ma	intained at: Addre	ss:				
	The records will be ma	intained by: Name	or Title:				

4. I will make my employees aware of the Security rules and procedures at YIP and acknowledge responsibility for any fines levied against Wayne County Airport Authority which are caused by the failure of myself or one of my employees to adhere to the YIP Security Program.

Phone #:

- 5. 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 civil penalties.
- 6. I understand that my authority to request Badges and to access Airport Secured Areas is only valid during specified construction or service agreements with a current Airline or Airport tenant (contractor Badges may not be used for warranty or service work). I agree to inform Airport Operations/Security of any change in status or duration of services.

Detroit Metropolitan Airport – Building 610 – 31399 East Service Drive – Detroit, MI 48242 Phone: (734) 942-3606 Fax: (734) 942-3814 Email: Security@wcaa.us



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The following individuals are authorized to sign for issuance of Airport Identification Badges and agree to the terms and conditions as identified above on this form.

1								
	NAME	SIGN	ATURE					
	TITLE		YIP BADGE #	DATE				
	CELL NUMBER		EMAIL ADDRESS					
2. PRINT	NAME	SIGN	ATURE					
	TITLE		YIP BADGE #	DATE				
	CELL NUMBER		EMAIL ADDRESS					
		AUTHORIZED SPON	SOR					
		esponsibility should the above Airport harmless in all cases. THE SPONSORING ENT	, ,	o comply with any Airport				
PRINT NAME	PRINT NAME AUTHORIZING SIGNATURE							
TITLE	PHONE #	YIP BADGE #	DATE	<u></u>				
Computer generated signatures will NOT be accepted								
AIRPORT USE ONLY								
Airport A	pproval:	Credentials Manager		Date				
C	Company Type:	Color:	Codes:					