

**WILLOW RUN (YIP) AIRPORT - WCAA
AUTHORIZED SIGNER LIST FOR AIRPORT ID BADGE ISSUANCE**

Company Name: _____ **Department:** _____

Mailing Address: _____

Email: _____ **Phone:** _____ **Fax:** _____

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 I must be in possession of an Airport Photo ID Badge to be permitted to authorize Badge Applications. I will 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.
 - c) Any other information as required by the Airport Director.

The records will be maintained at: Address: _____

The records will be maintained by: Name or Title: _____
Phone # (_____) _____

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.
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.



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YIP

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

Company Name

1. _____
 PRINT NAME SIGNATURE

 TITLE YIP BADGE # DATE

 OFFICE NUMBER CELL NUMBER EMAIL

2. _____
 PRINT NAME SIGNATURE

 TITLE YIP BADGE # DATE

 OFFICE NUMBER CELL NUMBER EMAIL

3. _____
 PRINT NAME SIGNATURE

 TITLE YIP BADGE # DATE

 OFFICE NUMBER CELL NUMBER EMAIL

4. _____
 PRINT NAME SIGNATURE

 TITLE YIP BADGE # DATE

 OFFICE NUMBER CELL NUMBER EMAIL

5. _____
 PRINT NAME SIGNATURE

 TITLE YIP BADGE # DATE

 OFFICE NUMBER CELL NUMBER EMAIL

All signatures contained on this form must be physically signed. Stamped or computer-generated signatures will not be accepted.

AIRPORT USE ONLY

Airport Approval: _____

 Credentials Manager Date
 Company Type: _____ Color: _____ Codes: _____

Airport Security

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