

## AUTHORIZED SIGNATORY CERTIFICATION FORM

### AUTHORIZED SIGNATORY CERTIFICATION

I certify that I have completed and understand the Signatory Training. I fully understand the duties and responsibilities associated with signing for an airport security badge. I fully understand that failure to comply with the rules and regulations outlined in the Signatory Training may result in revocation of my signatory title by the Nashville International Airport.

**As an Authorized Signatory I understand I must immediately inform the Badging Office (or the ACC at 615-275-1703, if after hours) when a badge holder's access needs to be deactivated.**

\_\_\_\_\_  
(Print) Authorized Signatory

\_\_\_\_\_  
(Sign) Authorized Signatory

\_\_\_\_\_  
Company/Organization Name

\_\_\_\_\_  
Date

### BNA BADGING OFFICE ADMINISTRATION USE ONLY

- ☐ Provide Authorized Signatory Packet to new signatories, and as required for renewals
- ☐ File Certification Form and Training Certificate

Trusted Agent: \_\_\_\_\_ Date: \_\_\_\_\_

# AUTHORIZED SIGNATORY AGREEMENT FORM

## SECTION A

This section is to be completed by the person applying to become an authorized signatory for the company. Please print below:

FULL LEGAL LAST NAME	FULL LEGAL FIRST NAME	MIDDLE NAME

1. YOU WILL BE THE SIGNATORY FOR \_\_\_\_\_

2. TITLE/POSITION WITHIN THE COMPANY \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ CELL \_\_\_\_\_

## SECTION B

PLEASE READ THE FOLLOWING STATEMENTS AND CHECK THAT YOU AGREE TO COMPLY:

I understand I must FIRST complete signatory training requirements and be cleared BEFORE I can sign badge forms for an employee within my company.

I understand that I am NOT authorized to sign badge forms for myself.

I will not sign any badge form until after the employee has fully completed their sections and I have reviewed them for accuracy.

I understand by placing my signature on the badge form, I am certifying I have reviewed the applicant's information and required original IDs to ensure they are acceptable and unexpired.

I understand faxed or photocopied badge forms bearing my signature will not be accepted.

I understand badge forms will only be valid for 30 days from the date I complete them.

If my badge expires, I will not be permitted to sign badge applications for employees until my badge is renewed.

I will immediately notify the Badging Office when an employee is no longer working for my company, has a lost or stolen badge, or will be on LOA over 30 days to comply with TSA regulations.

I will make every effort to promptly return the badge, even if it is expired.

I understand that failure to comply with the regulations set out in the Signatory Training will result in suspension of signatory privileges, retraining and/or termination of Authorized Signatory ability.

I understand the Badging Office cannot accept early payments for applicants. Payments must be made when applicant arrives.

I understand there is a \$100 fine for any unreturned badges.

I understand there is a \$100 fine for failure to provide a termination form for terminated badge holders.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Trusted Agent: \_\_\_\_\_ Date: \_\_\_\_\_

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