



SIGNATORY

2850 AIRPORT ROAD
LA CROSSE, WI 54603
608-789-7464

SIGNATORY AUTHORITY DESIGNATION APPLICATION

A) THIS SECTION TO BE COMPLETED BY APPLICANT

| | | | | | |
|--|--|------------------------------|-------|---|-----|
| Last Name | | First Name | | Middle Name | |
| Business Mailing Address | | | | | |
| City | | | State | | Zip |
| Daytime Phone | | E-Mail Address | | LSE Badge Number | |
| Entity Applying For (Company, Organization) | | Position Within Organization | | LSE Badge Type <input type="checkbox"/> SIDA <input type="checkbox"/> SIDA Contractor <input type="checkbox"/> AOA <input type="checkbox"/> AOA Contractor <input type="checkbox"/> STERILE AREA Concessionaire | |
| Manager Authorizing Designation (enter "Self" if you are the manager) | | | | | |
| <p>As an Authorized Signatory for the above mentioned organization, I am responsible for approving issuance of SIDA/STERILE AREA/AOA badges to my organizations staff. I am further responsible for notifying the Airport Trusted-Agents of any changes in my staff's eligibility for a SIDA/STERILE AREA/AOA-PIB. Notifications include, but are not limited to, changes in employee status, termination of employment, re-basing of the employee, loss of ID media or access media, criminal activity, and any known changes to any personal information. Authorized Signatory (employer) is responsible for all fees associated with non-returned or lost cards, as per current airport policy.</p> <p>As part of my application for the authorized signatory designation, I shall include with this application an application for a SIDA/STERILE AREA/AOA badge which shall include the requirement that I have a CHRC and/or STA performed. I will be required to attend initial Authorized Signatory training and I will be required to attend annual re-training within 12 consecutive months.</p> <p>I certify that the list of badge holders in Section C is inclusive of all persons authorized to have access badges for my organization and I further agree to allow the Airport to add names to this list as I approve applications from time to time. I will be audited from time to time by the airport and must respond to such audits within the time allowed by the airport.</p> <p>I hereby certify that I understand the responsibilities of a Signatory Authority and I have completed and understand the training that I have received:</p> | | | | | |
| Signature of Applicant | | | | Date | |
| Signature of Manager (if not self) | | | | Date | |

B) THIS SECTION TO BE COMPLETED BY AIRPORT PERSONNEL

| | | | | | |
|---|-------------|---|------------------------|-------------|-------------|
| Application Process Completed | | | Trusted Agent Initials | | Date |
| Applicants information completed and correct to best of knowledge and signed | | | | | |
| Current badge status confirmed (only authorized to issue these types of badges) | | <input type="checkbox"/> AOA <input type="checkbox"/> AOA Contactor <input type="checkbox"/> SIDA <input type="checkbox"/> SIDA Contractor <input type="checkbox"/> STERILE AREA Concessionaire | | | |
| Badge # _____ | | | | | |
| Authorized Signatory Training Completed | | | | | |
| ANNUAL RE-TRAINING IS DUE WITHIN 12 MONTHS | | | | | |
| Re-Training Dates: | Date: _____ | Date: _____ | Date: _____ | Date: _____ | Date: _____ |
| | TA: _____ | TA: _____ | TA: _____ | TA: _____ | TA: _____ |
| File _____ Date Issued _____ Date Terminated _____ TA Terminating _____ | | | | | |

