

## Authorized Signatory Training Certification Form

I, \_\_\_\_\_, hereby certify that I have received the annual authorized signatory training, and understand my responsibilities as an authorized signatory to

- Complete annual authorized signatory training
- Complete SIDA training
- Submit a list of active employees for audits, by the 5<sup>th</sup> of each month.
- Enforce employee proper badge display and usage
- Enforce escort procedures
- Enforce visitor badges for any company visitors onsite
- Submit completed badge request Forms for new employees within 7 days of employment
- Report in writing of any lost/stolen/damaged badges
- Maintain track of upcoming employee badge expiration date, and schedule training.
- Submit payment for CHRC and STA (if applicable)

**And understand if I do not meet these requirements, I can be subject to any or all of the following consequences:**

- Revocation of authorized signatory duties
  - Revocation of Access Badge
  - Airport Security Fees
  - Full Airport Access Suspension
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