



**San Bernardino International
Airport**

**SIDA/AOA Badge
Signature Authorization Form**

The following individual(s) are representatives of _____ and
are authorized to sign employee Finger Print and SIDA/AOA Badge Applications.

Name	Phone	Email	Signature

I hereby acknowledge that the aforementioned individuals(s) are authorized and responsible to

- Sign employee SIDA/NON-SIDA Badge Application Forms,
- Report any Lost/Stolen/Damaged badge(s)
- Retrieve and immediately return to SBD any:
 - expired badge(s)
 - badge(s) of any person who no longer have unescorted access authority,
- Inform SBD of any changes of employment status for employees authorized to hold an Airport SIDA/AOA Badge
- Take responsibility of fees for any unaccounted badge

Respectfully,

Name and Title (Print)

Date

Signature
