



AOA - SIGNATORY AUTHORITY

SIGNATORY AUTHORITY CONTACT DATA

EMPLOYER/COMPANY NAME		POSITION/TITLE		
LAST NAME/SUFFIX (JR,II,III,ETC.)		FIRST NAME	MIDDLE NAME (FULL NAME IF NONE "NMN")	
LEGAL BUSINESS ADDRESS		CITY	STATE	ZIP
MAILING				
PHYSICAL				
PRIMARY PHONE	HOME PHONE	CELL/OTHER PHONE	WORK PHONE	FAX NUMBER
EMAIL ADDRESS				

SIGNATORY AUTHORITY RESPONSIBILITY

In accordance with public law 110-161 "...any employer who employs an employee to whom an airport security badge or other identifier used to obtain access to a secure area of an airport is issued before, on, or after the date of enactment of this paragraph and who does not collect or make reasonable efforts to collect such badges from the employee on the date that the employment... is terminated and does not notify the operator of the airport... within 24 hours... shall be liable to the government for a civil penalty not to exceed \$10,000. INITIAL _____

MY SIGNATURE BELOW CERTIFIES:

- ✦ I understand that the company named in this application accepts responsibility to **IMMEDIATELY NOTIFY** the Airport Security Coordinator at (208) 788-4956 when the applicant is no longer in good standing (possible termination) or terminates employment with the company. The company **WILL CONFISCATE and RETURN the SIDA Identification Badge to the Airport Security Coordinator within 24 hours of termination.**
- ✦ I understand that _____ is responsible for any violations of 49 CFR 1542
(EMPLOYER/COMPANY NAME)
involving the wear and use of SIDA Identification Badge(s) and that _____ is
(EMPLOYER/COMPANY NAME)
liable for any and all fines that may be levied by the FAA/TSA for these violations.
- ✦ I am a supervisor/authorized representative for the above stated organization.
- ✦ I understand the applicant stated is an employee/authorized tenant of the stated organization.
- ✦ I authorize the Friedman Memorial Airport Authority (FMAA) to assess my organization for any and all applicable fees associated with Airport Identification Badges as established in the FMAA rates and charges.
- ✦ I acknowledge that ALL Airport Identification Badge(s) remain the property of the Friedman Memorial Airport Authority and **MUST BE RETURNED** to the airport upon demand, resignation, termination or at any time access is no longer required.
- ✦ I acknowledge if the Airport Identification Badge is lost or stolen, I will immediately notify the Airport Security Coordinator.
- ✦ The above information provided is true and correct to the best of my knowledge.

SIGNATORY AUTHORITY SIGNATURE	PRINT FULL NAME (SIGNATORY AUTHORITY)	POSITION/TITLE	
		DATE	