

SIGNATORY AUTHORITY

SMX ACCESS CONTROL/IDENTIFICATION

ORGANIZATION: _____ PHONE: _____

FULL NAME (print): _____ SIGNATURE: _____

TITLE: _____ DATE: _____

ADDRESS: _____

The personnel listed below are authorized to sign the Manager/ Sponsor Authorization in the New Access Card and SIDA Badge Applications. The personnel listed below are confirming the employee of this organization is required to have a Santa Maria Airport access control badge. Additionally, the personnel listed below will ensure the employee of this organization will comply with all Federal Aviation Administration (FAA), Transportation Security Administration (TSA) and Santa Maria Airport District (SMX) security regulations and any additional provisions as may be required by the FAA, TSA, or SMX for operational safety or security of the airport. This organization will ensure all information on the application is correct

For SIDA Cards, This Authorized signer will ensure the Santa Maria Airport Security Coordinator is notified if information becomes available indicating an employee with unescorted access authority in the Security Identification Display Area (SIDA) has a disqualifying criminal offense. This organization agrees to notify SMX immediately when an ID Card, SIDA badge, or key issued to an employee of the organization is lost, stolen, or compromised.

Employees authorized to sign for airport issued badges/ ID Cards:
Please print or type

NAME: _____ SIGNATURE: _____

EMAIL: _____ TITLE: _____

NAME: _____ SIGNATURE: _____

EMAIL: _____ TITLE: _____

NAME: _____ SIGNATURE: _____

EMAIL: _____ TITLE: _____

NAME: _____ SIGNATURE: _____

EMAIL: _____ TITLE: _____