

**DELEGATION OF AUTHORITY
AND USER CERTIFICATION FOR AIRPORT ID BADGE ISSUANCE**

Company Name: _____ **Project:** _____

Mailing Address: _____ **C&A Permit #:** _____

_____ **C.I.P./WC #:** _____

Email Address: _____ **Prime Contractor:** Yes No

Phone Number: _____ **Fax:** _____ **Cell Number:** _____

By TSA regulations, only **Airport Users**, as certified by the Airport Operator, are granted the authority to request Airport issued ID Badges for access to the Airport's Secured Areas. Those companies performing construction or vendor services who do not currently hold a lease with the Airport are only permitted to request badging authority if approved by the current Airline or Airport tenant for whom they are working. Those individuals seeking to be allowed to "authorize" Airport ID Badge Applications and to make security decisions for their company, must read and agree to the following before being certified by the Airport:

1. **I affirm that all information on Applications will be completed and reviewed prior to authorizing it** and I will not knowingly sign or submit an Application that contains information that is false or misleading.
2. I understand that by TSA regulation I must be in possession of an Airport Photo ID Badge to be permitted to authorize Badge Applications and I will undergo Authorized Signer Training annually through the Airport's Credentials Office. I will notify the Airport immediately if I separate from my company or if others from my company who are currently authorized to sign for Badges are separated.
3. I affirm that our company will maintain sufficient administrative records regarding each Badged employee and will make these records available to the Airport Authority for inspection to determine compliance with all security requirements. The records shall include, but not be limited to the following:
 - a) A copy of the Badge Application.
 - b) A copy of the Badge Separation Form for all non-active employees.
 - c) CHRC (If conducted by the Airline)
 - d) Any other information as required by the Chief Executive Officer.

The records will be maintained at: **Address:** _____

The records will be maintained by: **Name or Title:** _____
Phone #: _____

4. I will report to the Airport within 24 hours if I, or any employee, who currently possesses an Airport Photo ID has a possible conviction or charged with one of the "disqualifying crimes" as identified in the Badge Information Handout.
5. I will make my employees aware of the Security rules and procedures at DTW and acknowledge responsibility for any TSA fines levied against Detroit Metropolitan Wayne County Airport which are caused by the failure of myself or one of my employees to adhere to the DTW Security Program.
6. I understand that failure to comply with the requirements of this certification will result in the termination of my, and/or my company's, authorizing authority and access privileges and may subject me or my company to possible TSA Civil Penalties.

Airport Security
Detroit Metropolitan Airport – Building 610 – 31399 East Service Drive – Detroit, MI 48242
Phone: (734) 942-3606 Fax: (734) 942-3814 Email: Security@wcaa.us

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- 7. I understand that my authority to request Badges and to access Airport Secured Areas is only valid during specified construction or service agreements with a current Airline or Airport tenant (contractor Badges may not be used for warranty or service work). I agree to inform Airport Security of any change in status or duration of services.
- 8. I understand that deposits collected on badges and keys will be forfeited if the badge/key(s) is not returned within 6 (six) months from the date of separation/deactivation/project completion.

The following individuals are authorized to sign for issuance of Airport Identification Badges and agree to the terms and conditions as identified above on this form.

PRINT NAME	SIGNATURE	
TITLE	DTW BADGE #	DATE
PRINT NAME	SIGNATURE	
TITLE	DTW BADGE #	DATE

AIRLINE/TENANT/PRIME CONTRACTOR USE ONLY

The above listed company will be providing service for our company at Detroit Metropolitan Wayne County Airport. The individuals listed above are authorized to submit Badge Applications to the Airport on our behalf. As an Airline or Tenant; we authorize any **Prime Contractor/Contracted Company** to delegate Badging Authority to their sub-contractors on our behalf on the above listed project. Our company accepts responsibility should the above listed company fail to comply with any Airport or TSA regulations and we agree to hold the Airport harmless in all cases.

AIRLINE/TENANT/PRIME CONTRACTOR COMPANY NAME

PRINT NAME	AUTHORIZING SIGNATURE		
TITLE	OFFICE #	DTW BADGE #	DATE

All signatures contained on this form must be originals. Photo copied, stamped or faxed signatures will not be accepted.

AIRPORT USE ONLY

Airport Approval: _____
Credentials Manager Date

Company Type: _____ **Primary Color:** _____ **Secondary Color:** _____ **Codes:** _____

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