



ASAT DESIGNATION

- Intro to ASAT Recurrent ASAT Training
- Senior Authorizing Agent (SR) Authorizing Agent (AA) Point of Contact

FROM: _____
Name of Company

TO: **Aviation Security & Public Safety, San Diego International Airport**

The following individual is authorized to attend ASAT (Aviation Security Awareness Training) and will be authorized to sign in accordance with their designation upon completion:

ATTENDEE INFORMATION

Full Name: _____ Badge No: _____

Job Title: _____ Email Address: _____

Office Number: _____ Cell Number: _____

I have completed Aviation Security Awareness Training (ASAT) and understand the TSA and Airport Requirements of an Authorizing Agent. I am aware of my duties and responsibilities as an Authorizing Agent.

Attendee Signature

Date

NOTE: All signatories are required to attend recurrent training annually. All Senior Authorizing Agents are required to ensure that signatory information for their organization is updated annually or as changes in status occur.

Sr. Authorizing Agent (print name)*

Sr. Authorizing Agent (signature) & Date

Aviation Security & Public Safety

Date

***Attach corporate documentation for Initial Sr. Authorizing Agent training**
024.0/PASP (12/15)