

ASAT DESIGNATION

☐ Intro to ASAT	Recurrent ASAT Training
☐ Senior Authorizing Agent (SAA)	☐ Authorizing Agent (AA)
FROM:	
Name of Company	
TO: Aviation Security & Public Safety, San Diego International Airport	
	old an Active SAN ID. The following approved individual Training) is authorized to sign in accordance with their
ATTENDEE INFORMATION	
Full Name:	Badge No:
Job Title:	Email Address:
Office Number:	Cell Number:
I acknowledge the TSA and Airport Requirements of an Authorizing Signatory under the Airport Security Program (ASP). I have completed Aviation Security Awareness Training (ASAT) and I am aware of my duties and responsibilities as an Authorizing Signatory. Failure to comply with any TSA Regulation or ASP can result revocation of signatory privileges. 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.	
Attendee Signature	Date
Sr. Authorizing Agent (print name)*	Sr. Authorizing Agent (signature) & Date
Aviation Security & Public Safety	Date
*Attach corporate documentation for Initial Sr. Auth	norizing Agent training 024.0/PASP (01/19)