

# Authorized Signatory Designation

Initial Training

Recurrent Training

**Company Name:** \_\_\_\_\_

The following individual is authorized to attend AST (Authorized Signatory Training) and will be authorized to sign in accordance with their designation upon completion.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
UPID Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Cell Phone Number

I have completed Authorized Signatory Training (AST) and understand the TSA and Airport requirements of an Authorizing Agent. I am aware of my duties and responsibilities as an Authorizing Signatory.

\_\_\_\_\_  
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

**NOTE: Attach corporate documentation for Initial Sr. Authorizing Agent training**

\_\_\_\_\_  
Aviation Security & Public Safety Training Proctor

\_\_\_\_\_  
Training Date

### Access Control Office Use Only

Primary Company

Add/Confirm in SAFE

Add/Update Excel

E-mail ACO staff (new signatory)

All Sponsored Company(s)

Add/Confirm in SAFE

Add/Update Excel

E-mail ACO staff (new signatory)