

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 Number

Cell 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			
<u>Primary Company</u>			
<input type="checkbox"/> Add in SAFE	<input type="checkbox"/> Update Excel	<input type="checkbox"/> Update Outlook	<input type="checkbox"/> E-mail ACO staff
<u>Sponsored Company</u>			
<input type="checkbox"/> Add in SAFE	<input type="checkbox"/> Update Excel	<input type="checkbox"/> E-mail ACO staff	