



## ASAT DESIGNATION

- Senior Authorizing Agent
- Authorizing Agent
- Authorizing Agent Representative
- SIDA Trainer

- First Time Training
- Recurrent Training

**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:

\_\_\_\_\_  
*Full name*

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

\_\_\_\_\_  
*Attendee (print name)*

\_\_\_\_\_  
*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 / Authorizing Agent (print name) \**

\_\_\_\_\_  
*Sr. Authorizing Agent / Authorizing Agent (signature)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Aviation Security & Public Safety (signature)*

\_\_\_\_\_  
*Date*

\* Senior Authorizing Agents may designate Authorizing Agents and Authorizing Agent Representatives.  
Authorizing Agents may only designate Authorizing Agent Representatives.  
Authorizing Agent Representatives may not designate anyone.