



SAN DIEGO  
INTERNATIONAL  
AIRPORT

## ASAT DESIGNATION

- Senior Authorizing Agent (SR)     Authorizing Agent (AA)
- First Time Training     Recurrent Training
- SIDA Trainer     AOA Trainer     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 Full Name (print 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 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