

**DELEGATION OF AUTHORITY
AND USER CERTIFICATION FOR AIRPORT ID BADGE ISSUANCE**

Company Name: _____ **Project:** _____

Mailing Address: _____ **C&A Permit #:** _____

_____ **C.I.P/WC #:** _____

Office Phone: _____ **Completion Date:** _____

By TSA regulations, only **Airport Users**, as certified by the Airport Operator, are granted the authority to request Airport issued ID Badges for access to the Airport's Security Sensitive Areas. Those companies performing construction or services who do not currently hold a lease with the Airport are only permitted to request badging authority if approved by the Airport Authority or current Airline, Airport tenant, or Government Agency for whom they are working. Documentation and sponsorship for each company or agency they are doing business with at the Airport is required. Those individuals seeking to be allowed to "authorize" Airport ID Badge Applications and to make security decisions for their company, must read and agree to the following before being certified by the Airport:

1. **I affirm that all information on applications submitted under my authorization will be completed and reviewed prior to authorizing it** and I will not knowingly sign or submit an Application that contains information that is false or misleading.
2. I understand that by TSA regulation I must be in possession of an Airport Photo ID Badge to be permitted to authorize Badge Applications and I will undergo Authorized Signer Training annually through the Airport's Credentials Office. I will notify Airport Security immediately if I separate from my company or if I become aware that others from my company who were approved for Airport ID Badges are separated.
3. I affirm that our company will maintain administrative records regarding each Badged employee and will make these records available to the Airport Authority or TSA for inspection to determine compliance with all security requirements. The records shall be maintained at least 180 days after separation and must include, but not be limited to the following:
 - a) A copy of the Badge Application.
 - b) A copy of the Badge Separation Form for all non-active employees
 - c) Any other information as required by the Chief Executive Officer, or designee.

The records will be maintained at: **Address:** _____

The records will be maintained by: **Name or Title:** _____
Phone #: _____

4. I will report to Airport Security within 24 hours if I, or any employee, who currently possesses an Airport Photo ID has a possible conviction or is charged with one of the "disqualifying crimes" as identified in the Badge Information identified on the Airport's website. I further acknowledge that I have reviewed, read, and understand the Badging information.
5. I will make my employees aware of the Security rules and procedures at DTW and acknowledge responsibility for any TSA fines levied against Detroit Metropolitan Wayne County Airport which are caused by the failure of myself or one of my employees to adhere to the DTW Security Program.
6. I understand that failure to comply with any of the requirements of this certification may result in the termination of my, and/or my company's, authorizing authority and access privileges and may subject me or my company to possible TSA Civil Penalties.
7. I understand that my authority to request Badges and to access Airport Security Sensitive Areas is only valid during specified construction agreements or service agreements with a current Authorized Sponsor (contractor Badges may not be used for warranty or service work), or when otherwise conducting Airport Authority approved business. I agree to inform Airport Security of any change in status or duration of services.

Airport Security
Detroit Metropolitan Airport – Building 610 – 31399 East Service Drive – Detroit, MI 48242
Phone: (734) 942-3606 Fax: (734) 942-3814 Email: Security@wcaa.us

