

# AUTHORIZED SIGNER AGREEMENT FORM

(PLACE ON YOUR COMPANY LETTERHEAD OR ATTACH A BUSINESS CARD)

RETURN METHODS: DROP OFF IN PERSON, MAIL - ATTN: DARCEY HOLMBERG OR COLOR SCAN/EMAIL TO SECURITY@MSPMAC.ORG

**SECTION A** For active companies, this section should be completed by an existing authorized signer. For new companies, a representative from your organization (other than yourself) must complete Section A to introduce you as the new signer.

DATE: \_\_\_\_\_ DESIRED CLASS DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**SECTION B** This section is to be completed by the person applying to become an authorized signer for the company.

FULL LEGAL LAST NAME	FULL LEGAL FIRST NAME	FULL LEGAL MIDDLE NAME

1) NICKNAME OR PREFERRED NAME \_\_\_\_\_

2) WILL YOU BE THE \_\_\_\_\_ PRIMARY OR \_\_\_\_\_ SECONDARY SIGNER FOR THE COMPANY? (CHECK ONE).

(Each company may only have one primary signer, other signers would be considered secondary)

3) Are you currently in possession of a MSP Badge?     YES     NO    **Badge #**

4) Are you replacing an existing Authorized Signer?     YES     NO (If no, skip to Line 6)

Previous Authorized Signer's Name \_\_\_\_\_

5) TITLE/POSITION WITH THE COMPANY \_\_\_\_\_

6) **EMAIL ADDRESS:** \_\_\_\_\_

(Each signer must provide his/her own email address. We cannot list the same email for both or all signers).

PHONE \_\_\_\_\_ EXT \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS AND CHECK THAT YOU AGREE TO COMPLY:**

- I understand I must FIRST complete signer training, SIDA Class and be in possession of an airport security badge BEFORE signing badge applications for other employees with my Company.
- I understand I am NOT authorized to sign badge applications for myself or subcontractors. Only those individuals who are directly on my company payroll may receive a badge under my company name.
- I will not sign applications until after the employee has fully completed all their sections. Approving and signing a blank application may result in permanent revocation of signer privileges, subject to a Hennepin County citation and possible fines.
- I understand by placing my signature on the badge application, I am certifying I have reviewed the applicant's completed information and two MSP approved government issued forms of identification.
- I may not share my user name and password for the MSP Signer Portal with a second party. Rights to the portal will be disabled if another user logs on under my user name and password.
- I understand faxed or photocopied badge forms bearing my signature will not be accepted. I agree to use BLUE ink for the purposes of differentiating between original documents and photocopies.
- I understand badge applications will be valid for 30 days from the date I complete them.
- If my badge expires, I will not be permitted to sign badge applications for employees until I am once again in possession of an active badge.
- I will immediately notify the Badging Office when an employee is no longer working for my company, has a lost or stolen badge, or will be on a LOA over 30 days to comply with TSA regulations.
- I will make every effort to immediately return deactivated badges, even if it is in an expired status.

**PLACE SIGNATURE**

inside box using **BLUE** ink