



**AIRPORT MANAGEMENT DEPARTMENT  
AUTHORIZED SIGNER APPLICATION**

**TO BE COMPLETED BY APPLICANT:**

Name: \_\_\_\_\_  
Last First MI

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Phone No. \_\_\_\_\_ Best Alternate Phone No. \_\_\_\_\_

I understand that it is my responsibility as an Authorized Signer to inform Pease Development Authority, Airport Management Department immediately when an applicant sponsored by my agency no longer requires unescorted access to the Portsmouth International Airport SIDA or AOA areas upon suspension or termination of employment by their employer.

I agree to return all Security badges sponsored by my agency to Pease Development Authority, Airport Management Department by the end of the following business day when an applicant sponsored by my agency has been terminated by their employer or no longer requires unescorted access to the Portsmouth International Airport SIDA or AOA, I will ensure my agency pays all applicable fees related to SIDA badges sponsored by my agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT'S EMPLOYER:**

I agree to inform the PDA Airport Management Department upon termination of the applicant's employment by the end of the next business day.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_