

Rogue Valley International-Medford Airport (MFR)

Signatory Authority Record of Training

(Referred to throughout this document as the **Authorized Signer**)

Authorized signers must read and understand the following information as it relates to the duties and responsibilities of the position. Please read each section and initial where indicated. If you need clarification a representative will be available to answer your questions.

As the authorized signer for _____
(Hangar Number or Organization Name)

I understand it is my responsibility to act as the primary point of contact and authorizing agent for employees, tenants, and/or associates to obtain airport issued ID/access media, referred to from this point forward as a **Badge**. A copy of my signature will be kept on file to compare with submitted airport badge applications. I understand my duties and responsibilities are as follows:

1. APPLICATION PROCESS

- Review airport badge applications to ensure that all applicable areas have been completed. I understand that incomplete applications could cause a delay in the processing and issuance of a badge.
- By signing the authorization page on the badge application, I am acknowledging that I have physically reviewed the documents used to verify identity and employment eligibility in the United States, and at the time of review, these documents appeared to be genuine and related directly to the individual presenting them.
- As the authorized signer I have the authority to approve the following; badge applications, access level changes, replacement badges for lost, stolen or destroyed badges, and badge renewals.

Initial

2. SECURITY THREAT ASSESSMENT

- A Security Threat Assessment (STA) will be conducted on all applicants regardless of the type of access required. If an individual fails the STA, I understand that the Airport Credentialing Office will only report that the individual is not eligible to receive a badge.
- Upon notification that the individual has received a favorable STA, I understand that the individual must complete the badging process within 30-days. The Airport Credentialing Office will not be responsible to maintain badge applications for individuals who do not pursue the badging process. This does not apply to applicants who are waiting for STA results.
- If an unfavorable STA is received and indicates that an individual is not eligible to be badged, that individual will be contacted directly by the Airport Credentialing Office and provided information regarding the TSA redress process.

Initial

3. CRIMINAL HISTORY RECORD CHECK (CHRC)

- Individuals seeking unescorted access into a Secured Area, Sterile Area, or Security Identification Display Area (SIDA), must undergo a fingerprint-based CHRC. Exceptions to this rule may be found in 14 CFR §1542.209(m), and will be determined upon initial submission of the badge application.
- I understand when a CHRC has been conducted on an employee, tenant or associate; the results will only be disseminated to the individual for whom the record was generated. If a disqualifying criminal offense is indicated, the Airport Credentialing Office will only report that the individual is not eligible to receive a badge.
- I understand that an applicant is required to notify the Airport Credentialing Office within 24 hours if they have been convicted, or found not guilty of by reason of insanity, of any of the disqualifying crimes as listed on the fingerprint application.
- I understand that unescorted access authority to a SIDA will be immediately revoked for any individual who has been convicted, or found not guilty of by reason of insanity, of a disqualifying crime. It is the obligation of the sponsoring company to return the badge.

Initial

4. AUDIT REQUIREMENTS

- As the authorized signer I understand it is my responsibility to maintain an auditable record of those individuals that have been authorized to receive a badge.
- I understand that I will receive an audit request from the Airport Credentialing Office at a minimum of once a year. Random audits will also be conducted and could require additional information. Upon receipt of an audit request it is my responsibility to respond within the time indicated on the request. Failure to respond within the allotted time could result in loss of access privileges.
- As a result of the audit, if a discrepancy is found, the Airport Credentialing Office will initiate contact to determine the cause of the discrepancy. Suspension or deactivation of access privileges could be initiated until the issue is resolved and access rights verified. Any access rights associated with media that cannot be verified will be immediately deactivated or disabled.
- Badge renewals are required every two years. I will be required to notify employees, tenants, or associates of the renewal process.

Initial.

REPORTING

- As the authorized signer it is my responsibility to contact the Airport Credentialing Office within 24-hours if a badge has been reported as lost or stolen. In the case of a termination I will contact the Airport Credentialing Office immediately. All attempts will be made to collect and return a badge that is no longer needed.
- As the authorized signer it is my responsibility to notify the Airport Credentialing Office immediately if an employee initially authorized to work in the United States has had that authorization revoked or is no longer eligible.

- I am aware that an ID Replacement form must be completed by both the individual and authorized signer before a lost, stolen, or destroyed badge can be replaced.
- I am aware of the fees associated with the badging process. In accordance with the Jackson County Fee Ordinance all fees will be paid prior to the issuance of a badge. Penalty fees will be applied and collected for all lost, stolen, destroyed or non-returned badges.
- In the case where a new authorized signer will be designated or added, I will make every attempt to notify the Airport Credentialing Office of such changes.

Initial

Authorized signers are required to complete training on an annual basis. This document will constitute proof of training. By signing below, you are certifying that you have read and understand the information that has been presented in this document, and that you will perform the duties and responsibilities associated with the position of authorized signer. Please sign and date where indicated below.

Authorized Signer:

Print Name Signature Date

For Official Use Only:

Print Name of Trainer Date Training Completed

Signature of Trainer