



RDM SIGNATORY AUTHORIZATION FORM

Form must be returned **WITH or PRIOR** to application processing by Badging Office. Date _____

I certify, _____
(Print Name of Sponsored Individual)

is a current: (circle one of the following) and has a legitimate need for a RDM issued ID.

Employee **Student** **Contractor** **Hangar** **Vendor** **Tenant** **TDY** **Aircraft Partner**

Name of individual's employer or organization

I request and sponsor this individual be issued RDM ID with access per my RDM granted area of authority. I authorize this individual to have ID that is valid for: (circle one of the following)

30 Days **60 Days** **90 Days** **6 Months** **One Year** **Two Years**

Area of authority requested:

SECURED (includes STERILE) **STERILE** **AOA**

Escort Authority Needed Yes No Airfield Driving Needed Yes No

I certify this individual has received an Airport ID Application and badging process instructions. Circle one of the following:

- **SELF PAY** (Individual is responsible to pay for their own ID.)
- **COMPANY PAY** (Company will pay for this individual's ID.)

I agree to all Authorized Signatory responsibilities for the individual I am requesting ID be issued to.

Authorized Signatory Printed Name Company

Authorized Signatory Signature Title

Return completed form to Airport Badging Office, OR, emailed to rdmid@flyrdm.com .

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AIRPORT USE DATE RECEIVED/BY _____