



RDM SIGNATORY AUTHORIZATION FORM

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

Print Name of Sponsored Individual applicant _____

The applicant is: circle one

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

Name of applicant's employer or organization or hangar number _____

Circle one of the following to indicated validity of RDM ID and/or keys, electronic access devices:

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

Area(s) of authority requested:

SECURED (includes STERILE)

STERILE

AOA

Escort Authority Needed Yes No

AMA Authority Needed Yes No

Circle one of the following:

Airfield Familiarization Needed Yes No

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

I attest to perform all my Authorized Signatory responsibilities regarding the individual I am requesting RDM ID, key(s), and/or electronic access device be issued to.

I attest this individual applicant has a legitimate, specific need that exists to have unescorted access authority limited to the area of need, as indicated above, and be issued a RDM ID, key(s), or electronic access device.

I attest that I acknowledge my security responsibilities under 49 CFR 1540.105(a) and the individual applicant has acknowledgment their security responsibilities under 49 CFR 1540.105(a) in RDM's ID application.

Authorized Signatory Printed Name _____

Company _____

Authorized Signatory Signature _____

Title _____

This form must be returned **WITH or PRIOR** to application processing by Badging Office.

Return completed form to Airport Badging Office or send by email to rdmid@flyrdm.com .

AIRPORT USE DATE RECEIVED/BY _____

Approved by ASC: Date & Name: _____