



## Badge and Fingerprint Authorization Form

I certify that I am the current manager /point of contact for this company/organization. I understand that I will be responsible for reviewing and signing all badging and fingerprint paperwork submitted to the CMAA Security Office. I understand that no person will be allowed into security training unless I, or individuals appointed by me on this form, have filled out and signed the back of the badge application form.

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

Company Name: \_\_\_\_\_

Function Performing on the Airfield: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

### Manager contact information

Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

I authorize the following individuals to review and sign badge and fingerprint paperwork:

Name (print)

Signature

Date

Name (print)	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____