



**City of Chicago  
Department of Aviation Safety & Security  
Office of Compliance**

**Employer Information and Authorization Form  
(This form must be typed or printed in black ink)**

Date \_\_\_\_\_ New Update  
 \_\_\_\_\_ Month/Day/Year

Company Type: Airline Airport Tenant Sub-Tenant Government  
 Concessionaire Contractor Construction Vendor

**COMPANY INFORMATION**

Company Name \_\_\_\_\_  
 Local Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Alternative Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**LOCAL PRIMARY CONTACT**

Contact Name \_\_\_\_\_ Badge # \_\_\_\_\_  
 Title \_\_\_\_\_ Email \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

**SECOND LOCAL CONTACT**

Contact Name \_\_\_\_\_ Badge # \_\_\_\_\_  
 Title \_\_\_\_\_ Email \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

**ALTERNATE CONTACT PERSON**

Contact Name \_\_\_\_\_ Badge # \_\_\_\_\_  
 Title \_\_\_\_\_ Email \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature of \_\_\_\_\_ Title \_\_\_\_\_  
 President, Owner, or  
 Senior Executive.

*The following individuals are authorized to sign Security Access Identification Badge Applications*

Signatory Name <i>Please Print</i>	Signatory Name <i>Please Print</i>
Authorized Signature	Authorized Signature
Badge # <u>Add</u> <u>Delete</u>	Badge # <u>Add</u> <u>Delete</u>
Signatory Name <i>Please Print</i>	Signatory Name <i>Please Print</i>
Authorized Signature	Authorized Signature
Badge # <u>Add</u> <u>Delete</u>	Badge # <u>Add</u> <u>Delete</u>
Signatory Name <i>Please Print</i>	Signatory Name <i>Please Print</i>
Authorized Signature	Authorized Signature
Badge # <u>Add</u> <u>Delete</u>	Badge # <u>Add</u> <u>Delete</u>

I hereby certify that I am a tenant for the above mentioned company. I understand that I must supervise and provide written authorization for all ID badging and Access Control transactions for their sub-tenants, employees, contractors and vendors. I will ensure proper use and authorization of access to space leased under the terms of the lease agreement. As the tenant, I understand that I must ensure that all signatories adhere to badging regulations.

Tenant Authorization \_\_\_\_\_ Badge# \_\_\_\_\_

CDA Processed By \_\_\_\_\_