

**EL PASO INTERNATIONAL AIRPORT
SIGNATURE VERIFICATION FORM**

| | |
|-----------------------|-----------|
| COMPANY | DATE |
| ADDRESS (NO P.O. BOX) | TELEPHONE |

E-MAIL

AUTHORIZED SIGNATURE(S)

| PERSON | FIRST NAME, M.I., LAST NAME | SIGNATURE |
|-----------|-----------------------------|-----------|
| PRIMARY | | |
| ALTERNATE | | |

REMARKS

AUTHORIZATION BY RESPONSIBLE OFFICIAL

THE UNDERSIGNED HEREBY ____ DELEGATES TO ____ WITHDRAWS FROM THE PERSON(S) LISTED ABOVE THE AUTHORITY TO SIGN FOR EL PASO INTERNATIONAL AIRPORT IDENTIFICATION BADGES/ACCESS CARDS, KEY CONTROL, VEHICLE, PARKING OR OTHER PROGRAM REQUIREMENTS FOR EMPLOYEES OF THIS COMPANY. THE UNDERSIGNED CERTIFIES THAT HE OR SHE HAS THE AUTHORITY TO SIGN THE DOCUMENT ON BEHALF OF THE ABOVE NAMED COMPANY AND THAT HE OR SHE AND THE COMPANY ASSUME FULL RESPONSIBILITY AND ACCOUNTABILITY FOR THE ABOVE MENTIONED IDENTIFICATION ITEMS AND FOR ALL EMPLOYEE ACTIONS RELATING TO USE OF THE ITEMS.

| FIRST NAME, M.I., LAST NAME | TITLE | SIGNATURE |
|-----------------------------|-------|-----------|
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