

**INSTRUCTIONS:** PLEASE PRINT LEGIBLY OR TYPE INFORMATION. "<u>ALL BLOCKS ARE **REQUIRED**</u> <u>INFORMATION</u>". FAX OR RETURN COMPLETED & SIGNED FORM TO THE MSCAA AIRPORT ID OFFICE. (FAX #: (901) 922-<u>8473</u>).

COMPANY NAME	ESCORT ACCESS FOR EMPLOYEE NAME	EMPLOYEE BADGE #	EMPLOYEE JOB TITLE	REASON FOR ESCORT ACCESS

**IMPORTANT NOTICE:** THIS FORM MUST BE SIGNED BY A CERTIFYING OFFICIAL PRIOR TO SUBMITTAL TO THE ID OFFICE.

**CERTIFYING OFFICIAL INFORMATION** 

(CO COMPANY NAME):

I certify that I am an <u>authorized</u> <u>Approving</u> <u>Officer</u> for my Company and an <u>approved</u> <u>MSCAA</u> <u>Certifying</u> <u>Official</u>. I further certify that the above **Employee(s)** <u>Contractor(s)</u> is/are currently employed/contracted by my Company and has/have a <u>job</u> <u>related</u> need to escort unbadged individuals on/in the AOA/Secure Areas.

(CERTIFYING OFFICIAL – WORK PHONE #)		(CERTIFYING OFFICIAL – CELL PHONE #)		(CERTIFYING OFFICIAL – FAX #)		
(CERTIFYING OFFICIAL – PRINT FULL NAME)			(CERTIFYING OFFICIAL – SIGNATURE)		(DATE)	
		ID OFFICE US	E ONLY!			
		🗌 Yes 🗌 No				
DATE RECEIVED)	(FILED BY)	(Approved)	(APPROVED/DENIED BY)	(DENII	ED REASON)	