



**ERI SECURITY LIAISON/ AUTHORIZED SIGNATORY FORM**

**Access Group/Tenant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Below is a list of names and signatures of security liaisons for our tenant.

*I understand Security Liaisons/ Authorized Signatories have to be approved by the Erie Airport Police and receive initial and recurrent training annually.*

*I understand that I must notify Airport Police immediately if there are any changes in status, needs, additions or deletions).*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

*I authorize the above individual to be an ERI Airport Security Liaison/ Authorized Signatory for the above listed access group or Tenant.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Primary Security Liaison Primary Security Liaison

*I have completed the ERI Airport Security Liaison/ Authorized Signatory Training. I am aware of my additional duties and responsibilities with the position. I also understand that it is my responsibility to undergo ERI Security Liaison/ Authorized Signatory Training each year to maintain this position.*

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

**ERI TRAINING ADMINISTRATOR**

Printed Name: \_\_\_\_\_

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

Reoccurring training on back of this page:

# ERI SECURITY LIAISON/ AUTHORIZED SIGNATORY UPDATE FORM

*I have completed the ERI Airport Security Liaison/ Authorized Signatory update training. I am aware of my additional duties and responsibilities with the position. I also understand that it is my responsibility to undergo ERI Security Liaison/ Authorized Signatory Training each year to maintain this position. This is my most current contact information and how I can be reached as needed for items that concern this position.*

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

## ERI TRAINING ADMINISTRATOR

Printed Name: \_\_\_\_\_

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

*I have completed the ERI Airport Security Liaison/ Authorized Signatory update training. I am aware of my additional duties and responsibilities with the position. I also understand that it is my responsibility to undergo ERI Security Liaison/ Authorized Signatory Training each year to maintain this position. This is my most current contact information and how I can be reached as needed for items that concern this position.*

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

## ERI TRAINING ADMINISTRATOR

Printed Name: \_\_\_\_\_

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

*I have completed the ERI Airport Security Liaison/ Authorized Signatory update training. I am aware of my additional duties and responsibilities with the position. I also understand that it is my responsibility to undergo ERI Security Liaison/ Authorized Signatory Training each year to maintain this position. This is my most current contact information and how I can be reached as needed for items that concern this position.*

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

## ERI TRAINING ADMINISTRATOR

Printed Name: \_\_\_\_\_

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