



COMPANY SIGNATURE AUTHORIZATION FORM

**Please note: If you are faxing this form, please mail the original to the address at the bottom of the form. **

Company Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

E-mail: _____ Phone # _____

Fax # _____

The individuals listed below are authorized to sign for all matters relating to JAXPORT Security requirements as deemed necessary for compliance with Federal, State, and/or Local Regulations applicable to your company employees. If, any of the authorized signers /employees resigns from the company, you are to notify JAXPORT Access Control within one (1) business day. A review of this document will be conducted annually. The authorized signers will be notified to submit a renewed form.

President, CEO or Executive Director: _____ (Print Name)

Title: _____ Phone #: _____

Mailing Address: _____

Date: _____ Signature: _____

(Authorized Signers) COMPANY OFFICERS / MANAGERS / FSO'S

Name: _____ Signature: _____ Title: _____ (Printed Full Legal Name)

Name: _____ Signature: _____ Title: _____ (Printed Full Legal Name)

Name: _____ Signature: _____ Title: _____ (Printed Full Legal Name)

Submit this completed form to Jacksonville Port Authority P.O. Box 3005 Jacksonville, FL 32206-3005 Attn: Access Control Center E-mail: accesscontrol@jaxport.com Phone: (904) 357-3344 Fax: (904) 357-3126