



**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 ControlCenter**  
**E-mail: [accesscontrol@jaxport.com](mailto:accesscontrol@jaxport.com)**  
**Phone: (904) 357-3344**  
**Fax: (904) 357-3126**