

Authorized Signature Letter

Date:

Mr. Craig S. Smith, A.A.E.  
Aviation Director  
Des Moines International Airport  
5800 Fleur Drive  
Room 201  
Des Moines, IA 50321-2854

Dear Mr. Smith:

Pursuant to requirements of Federal Regulations and the Des Moines International Airport Security Program, the following individuals are designated as the responsible person(s) for \_\_\_\_\_ to request Airport Identification Cards, Gate Cards, and access keys.  
(Company/Organization)

I certify that the person(s) authorized to request an Airport ID and/or access for this company/organization, has completed the required application form, complete with required employment history and verification and it is on file with the Aviation Department.

Sincerely,

\_\_\_\_\_  
(Company/Organization Official)

Authorized Signatures for person who request ID's and/or access media:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_