



## Key Checkout Authorization Form

1. Download and Save this form
2. Fill out all information
3. Email completed form via the button below – you **must** include a copy of the SIDA badge(s) in the email
4. Processing time: 3 - 5 days

### Key Checkout Authorization Form

To maintain control of all keys checked out from the AATC Communications Center, the following guidelines will apply:

- Keys will only be checked out to persons who have been authorized by the authorized signatory of their managing entity and approved by AATC Leadership.
- Keys checked out to persons on this authorization will remain the responsibility of the authorizing agent.
- Persons checking out keys from AATC Communications Center may be required to leave their driver’s license or other identification until the key(s) are returned.
- The expiration date on the ATL SIDA badge will also serve as the end date for access; renewal of privileges is required.
- Keys checked out from the AATC Communications Center are NOT to leave airport property.
- Persons checking out keys from AATC Communications Center will be required to return them within a 24-hour period unless special permission is granted from AATC Leadership.

|    | Authorized Person | Contact Phone Number | Email |
|----|-------------------|----------------------|-------|
| 1. | _____             | _____                | _____ |
| 2. | _____             | _____                | _____ |
| 3. | _____             | _____                | _____ |
| 4. | _____             | _____                | _____ |
| 5. | _____             | _____                | _____ |

*\*Attach a copy of each Authorized Person’s ATL SIDA badge\**

The persons listed on this form are authorized to check out keys from AATC to enable them to conduct airport business. I agree to reimburse AATC for costs associated with keys that are lost and/or key cores, which may need replacing due to keys being lost.

Authorized By: \_\_\_\_\_  
Print/Type

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature (digital signature accepted)

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**For Contractors:**

Project Name: \_\_\_\_\_ Project # (P&D or WBS): \_\_\_\_\_

Contact an AATC Comm Center Supervisor for assistance: [KeyAuthorization@aatc.org](mailto:KeyAuthorization@aatc.org) or 404.530.2112

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