

## DESIGNATED CERTIFICATION OFFICIAL LETTER MWAA DEPARTMENT

DATE:					
Department:					
Division:				MA	#
I :	GAN WASHI	DIVISION, MA INGTON NATIO		Γ	
I :	N DULLES IN	DIVISION, MA TERNATIONA			
Dear Sir(s):					
To fulfill the requirement DCA 6-4-4 and/or IAD Certification Official for	6-4-1, as may	be amended, the	following indiv		
NAME	BADGE#	PHONE #	EMAIL ADDR	EESS	
The above-named indiverspective airports. He/s requirements for the resemaintained to include patermination or transfer of the MWAA and that fair revocation of access prinaddressed by MWAA	she will ensure spective airpor rompt reportir of an employe lure to abide by vileges and co	e employees issu t. He/she will en ng of any lost ID e. He/she unders by airport securit	ed airport ID bac sure that a strict badge and returr tands that all airp y and badging re	lges comply with accounting of all of the ID badges are quirements may	h the security I ID badges is upon re the property of result in
		Sincerely	ν,		
		N.			
		Title:			

## Signature Sample Page

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