



Airport Security Translation Assistance Accountability Form

Company Name: _____

Date: _____

Applicant's Information:

Print Name: _____ Badge Number: _____

Signature:

My signature certifies that I will be providing Translation Assistance, "turn words into different language while retaining original meaning or helping to interpret meaning into understandable terms," to the above named applicant in the completion of the Computer Based Training/Testing/Familiarization concerning Denver International Airport Rules & Regulations and Title 49 Code of Federal Regulations 1542.

By accepting the responsibility of providing Translation Assistance, I certify that upon the completion of the Computer Based Training this individual will have a full command of understanding all concepts put forth in the Computer Based Training/Testing/Familiarization and comprehend their security responsibilities of being an active badgeholder at Denver International Airport.

I understand coaching or providing answers to an individual during the Computer Based Training/Testing/Familiarization may result in immediate revocation of MY Denver International Airport ID badge.

I understand that I am not allowed to provide translation or any other assistance with the Airfield Driving portion of the Computer Based training program.

Translator's Information:

Print Name: _____ Badge Number _____

Signature:

By signing below the above named company accepts the responsibility of allowing Translation Assistance. I, as the Authorized Signatory, certify that upon the completion of the Computer Based Training this individual will have a full command of understanding all concepts put forth in the Computer Based Training/Testing/Familiarization and comprehend their security responsibilities of being an active badge holder at Denver International Airport. ***The above named company accepts responsibility for any security incidents caused by the assisted employee.***

Authorized Signatory Information: (To be filled out after the applicant and translator's information)

Print Name: _____

Phone: _____

Signature: Date: _____

Do NOT Sign a blank Form

Valid for 30 days after signed and dated

For Security Use Only