

Lost or Stolen Airport Security Badge Report Form

Date Reported: _____ Badge #: _____

Type of badge (circle one): SIDA, Sterile Area, AOA, or Visitor

Name of Badge holder: _____
(Print)

Airport Employer: _____
(Print)

Reporting (circle one): Lost or Stolen

\$100.00 replacement fee: Paid in full Waived

Reason for waived fee (if applicable):

Date Paid: _____

Airport Business office receipt of payment: _____
(Signature)

Received in security office by: _____

Badge de-activated in security system by: _____

Badge Holder Signature: _____ Date: _____