

# PIEDMONT TRIAD AIRPORT AUTHORITY

## DAMAGED BADGE REQUEST FORM

The process of reprinting a damaged badge will **NOT** extend the current expiration date, change any access levels associated with the Security Badge or make any changes that affect the physical appearance of the badge.

**APPLICANT INFORMATION – This section must be completed by applicant**

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
- - -	/ /	( )
<i>Social Security Number</i>	<i>Date of Birth (MM/DD/YYYY)</i>	<i>Contact Number</i>

**APPLICANT CERTIFICATION – This section must be completed by applicant**

I certify that I am a direct employee, in good standing, of the company listed below and understand that this process will **NOT** extend the expiration date or any other information associated with my current Security Badge. My signature below certifies that the information contained on this request form is true and correct to the best of my knowledge and belief and is provided in good faith.

<i>Applicant Signature</i>	<i>Date</i>
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**SIGNATORY AUTHORITY INFORMATION – This section must be completed by company Signatory Agent**

I certify that the employee named on this form is a direct employee, in good standing, for the organization listed below and understand that this process will **NOT** extend the expiration date or any other information associated with this Security Badge. My Signature and date below certify that the information contained on this form is true and correct to the best of knowledge. I have signed and dated this form **ONLY AFTER ALL INFORMATION WAS COMPLETED AND VERIFIED.**

**Reason for Damaged Badge**

<input type="checkbox"/> Broken	<input type="checkbox"/> Facial Change <small>(ex: beard, length of hair)</small>	<input type="checkbox"/> Normal Wear/Tear	<input type="checkbox"/> Chip	<input type="checkbox"/> Picture Fading	<input type="checkbox"/> Other
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<i>Company Name</i>	<i>Telephone Number</i>	
<i>Signatory Authority (Print Name)</i>	<i>Signatory Email Address</i>	<i>Phone Number</i>
<i>Signatory Authority Signature</i>	<i>Date</i>	<i>Badge Number</i>

**AIRPORT AUTHORITY BADGING OFFICE USE ONLY**

Damaged Badge Number	New Badge Number	Type Badge Issued
Charge for Badge Replacement:		No Charge for Badge:
TRUSTED AGENT INITIALS:		TRANSACTION DATE: