PIEDMONT TRIAD AIRPORT AUTHORITY
REQUEST FOR REPLACEMENT OF A
LOST OR STOLEN I.D. BADGE and/or SECURE KEY CARD

Lost Badge ☐ **and/or** **Lost Secura Key** ☐

I, _____, do hereby certify, attest, and affirm that (check one) Secured Area/SIDA___ Cargo Area/SIDA___AOA___ STERILE Area___ badge No# _____, and/or Secura Key card # _____ the property of the Piedmont Triad Airport Authority, was either (check one) lost___ stolen ___ and is no longer in my custody. I also certify, attest, and affirm that should the above badge come into my possession at a later date, I will return it immediately to the Piedmont Triad Airport Authority Badging Office. Approximate date and time badge was discovered missing: _____

Comments concerning this lost or stolen badge and/or secura key card: _____

_____

_____

If the badge is returned to the Badging Office, prior to its expiration date, 50% of the Lost/Stolen fee charged for the badge will be refunded. This process may take 2-4 weeks. (No fee will be returned for the third lost badge)

Employee Signature: _____ Date: _____

SIGNATORY REPRESENTATIVE PLEASE READ AND SIGN

Signatory Authority Representative has been notified of the disposition of the badge and acknowledges:

_____	_____	____/_____/_____
Signatory Printed Name	Signatory Signature	Date

If company is to be bill Signatory Representative must sign below:

_____

Signatory Signature for Billing Company

AIRPORT AUTHORITY BADGING OFFICE USE ONLY

Old Badge/Secure Key #	Replacement Badge/Secure Key#	Amount Paid:
_____	_____	$_____
Trusted Agent Initials	Date:	Refund Amount
_____	_____/_____/_____	$_____

Revised: 09/01/2017