



AIRPORT ID BADGE CANCELLATION REQUEST

ALL AIRPORT ISSUED IDENTIFICATION BADGES REMAIN THE PROPERTY OF PANGBORN MEMORIAL AIRPORT AND MUST BE RETURNED TO THE AIRPORT. FAILURE TO RETURN AN ID BADGE OR NOTIFY THE AIRPORT ABOUT ANY ID BADGE THAT YOU CAN NO LONGER ACCOUNT FOR IS A VIOLATION OF THE AIRPORT SECURITY PLAN AND MAY RESULT IN ADMINISTRATIVE SANCTIONS AND/OR CIVIL PENALTIES.

PLEASE PRINT OR TYPE IN BLACK OR BLUE INK. INCOMPLETE APPLICATIONS WILL BE RETURNED.

SECTION 1 – BADGEHOLDER INFORMATION

Badgeholder Name	Badge Number
Badge disposition: (Check one) <input type="checkbox"/> Attached <input type="checkbox"/> Lost/Unreturned <input type="checkbox"/> Will be returned	Expected Return Date

SECTION 2 – EMPLOYER INFORMATION (TO BE COMPLETED BY AUTHORIZED SIGNATORY)

Company	Badgeholder is: (Check one) <input type="checkbox"/> Employee <input type="checkbox"/> Vendor/Contractor
Reason for badge cancellation: (Check one) <input type="checkbox"/> Termination <input type="checkbox"/> Resignation <input type="checkbox"/> Project Completed	Date of separation/status change

Please immediately cancel all access privileges for the person whose name is listed above. I accept responsibility for retrieving the badge and I will return the badge promptly to the Airport Operations and Security Office within 24 hours (or on the next business day). I also understand and agree to pay all fees associated with the badge.

Authorized Signatory (Please Sign): _____

Please Print Name of Auth Signatory: _____ **Date:** _____

SIGNATURE OF AUTHORIZED SIGNATORY MUST BE ON FILE WITH THE AIRPORT OPERATIONS AND SECURITY OFFICE.

SECTION 3 – TENANT INFORMATION (TO BE COMPLETED BY AIRPORT STAFF)

Hangar Number/Project Name	Applicant is: (Check one) <input type="checkbox"/> Tenant <input type="checkbox"/> Sub-Tenant <input type="checkbox"/> Vendor/Contractor
Reason for badge cancellation: (Check one) <input type="checkbox"/> Termination <input type="checkbox"/> Resignation <input type="checkbox"/> Project Completed	Date of separation/status change

Please immediately cancel all access privileges for the person whose name is listed above.

Trusted Agent Signature (Please Sign): _____

Please Print Name of Trusted Agent: _____ **Date:** _____

AIRPORT SECURITY STAFF USE ONLY		
Badge Number	Badge Returned: (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	Badge Return Date:
All Access Cancelled: (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	All Keys Returned: (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	List any keys not returned
Processed by:		Date: