

**PIEDMONT TRIAD AIRPORT AUTHORITY
 REQUEST FOR A REPLACEMENT OF A
 LOST OR STOLEN SECURED Area/SIDA, CARGO Area/SIDA, AOA, STERILE AREA BADGE
 AND/OR SECURA KEY CARD**

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.

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

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____

Notary:
 Date: _____

Name: _____

My Commission Expires: _____

The (check one) employee _____ employer _____ will pay for this replacement

//////////////////////////////////////BADGING INFORMATION//////////////////////////////////////

Lost badge number: _____	Replacement badge number: _____
Secura Key number: _____	Replacement card number: _____
Date of re-issue: _____	Charge for badge: _____
Date of lost badge return: _____	Fee paid for returned badge: _____
Date lost secura key returned: _____	(initial) _____