

AIRPORT ID Badge Authorization Form

BADGE # _____

NAME: (Print) _____

EMPLOYER: _____

DEPARTMENT: _____

PHONE # (work) _____ **PHONE # (home)** _____

HOME ADDRESS: _____ **City:** _____

STATE: _____ **ZIP:** _____

SSN# _____ / _____ / _____ **DATE OF BIRTH:** _____ / _____ / _____

The PTIA ID badge does not provide access to any controlled area (Secured/AOA/Sterile Areas). This ID badge is issued to provide identification “only” for employees that work in the public areas which require NO access or identification controls. I understand my requirement to immediately report the loss of this ID badge to Airport Authority at (665-5642) or in person to the ID badging office. I also understand that this badge will be returned to Airport Authority upon the termination of my employment.

Signature: _____ **Date:** _____

EMPLOYMENT CERTIFICATION

I certify that the information is correct for: (Employee Full name) _____,

an employee of _____ Tenant/Company accepts full responsibility for

the cost of the ID badge and for the return of the ID badge when his/her employment has been terminated.

PAYMENT APPROVAL: Sign if tenant/company is to be billed for initial issue

Signatory Authority (Print)

Signatory Authority (Signature)

Date