

PIEDMONT TRIAD INTERNATIONAL AIRPORT
AIRPORT ID BADGE
TERMINATION FORM

Terminated Returned Terminated Not Returned Resigned Returned Resigned Not Returned Retired Deceased

Date:

I hereby notify the Airport Authority that is no longer employed with.
employee name company name

Please immediately cancel all access privileges for the employee who name is listed above.

BADGE NUMBER (check one) Secured/SIDA AOA STERILE AREA Cargo SIDA IDENTIFICATION CARD

(Authorized Signatory) (Print Name) (Telephone Number)

EMPLOYER IS REQUIRED TO CONTACT AIRPORT AUTHORITY BADGING OFFICE (336) 665-5689 OR COMMUNICATIONS (336) 665-5642 IMMEDIATELY UPON TERMINATION

The above (check one) Secured Area/SIDA AOA STERILE AREA Cargo Area/ SIDA IDENTIFICATION CARD

Badge is select one of the below:

ID Card Attached:

ID CARD NOT ATTACHED:

TO BE COMPLETED BY AIRPORT AUTHORITY PERSONNEL
RECEIVED BY : DATE:
RECEIVED BY BADGING: DATE:

NOTE: TENANT HAS TWO (2) WEEKS TO PROVIDE THE CHECK FOR A NON-RETURNED BADGE OR COMPANY WILL BE BILLED

NON-RETURNED ID BADGE PAYMENT ATTACHED: DATE AMOUNT CHECK NO

TO BE COMPLETED BY AIRPORT BADGING OFFICE PERSONNEL ONLY

DATE REPORTED CALLED TO REPORT: YES NO BADGE DELIVERED TO OFFICE: YES NO

DATE TAKEN OUT OF SYSTEM: BADGING OFFICE TA INITIALS:

DATE BADGE RETURNED TO BADGING OFFICE: BADGING OFFICE TA INITIALS: