



Access Control ID Badge Termination

BADGE #: \_\_\_\_\_

Is the badge attached? [ ] YES [ ] NO
Is employee self-terminating? [ ] YES [ ] NO

TO BE COMPLETED BY EMPLOYER OR EMPLOYEE IF SELF TERMINATING

Employee Name: \_\_\_\_\_
Last First MI

Last date employed with company: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Type: [ ] Airline [ ] Airport Tenant [ ] Concessionaire [ ] Contractor [ ] Union
[ ] Vendor [ ] Construction [ ] Sub-Tenant [ ] Government Agency

Signatory Name: \_\_\_\_\_ Signatory Signature: \_\_\_\_\_

Signatory Phone #: \_\_\_\_\_ Signatory Email: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Employee Phone #: \_\_\_\_\_ Employee Email: \_\_\_\_\_

By submitting this Access Control ID Badge Termination form, I intend for the Department of Aviation to immediately cancel all electronic access privileges for the employee whose name is listed above. By submitting this form, the company or hereby acknowledges its duty to retrieve and surrender the associated ID badge media within 72 hours and to pay any and all applicable fines if the company does not do so.

TO BE COMPLETED BY THE OFFICE OF COMPLIANCE

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Processed by: \_\_\_\_\_

Badge Swiped: \_\_\_\_\_