City of Chicago
Department of Aviation — Safety & Security
Office of Compliance

ID Badge Termination Receipt Form

Airport: ☐ ORD ☐ MDW

Date: _____

Company Name: _____

Company Representative: _____
(Please print)

My company is delivering the following terminations to the Office of Compliance today. The undersigned accepts these terminations in the following conditions:

	NAME	BADGE #	Is the badge attached?	
1	_____	_____	☐ YES	☐ NO
2	_____	_____	☐ YES	☐ NO
3	_____	_____	☐ YES	☐ NO
4	_____	_____	☐ YES	☐ NO
5	_____	_____	☐ YES	☐ NO
6	_____	_____	☐ YES	☐ NO
7	_____	_____	☐ YES	☐ NO
8	_____	_____	☐ YES	☐ NO
9	_____	_____	☐ YES	☐ NO
10	_____	_____	☐ YES	☐ NO
11	_____	_____	☐ YES	☐ NO
12	_____	_____	☐ YES	☐ NO
13	_____	_____	☐ YES	☐ NO
14	_____	_____	☐ YES	☐ NO
15	_____	_____	☐ YES	☐ NO
16	_____	_____	☐ YES	☐ NO
17	_____	_____	☐ YES	☐ NO
18	_____	_____	☐ YES	☐ NO
19	_____	_____	☐ YES	☐ NO
20	_____	_____	☐ YES	☐ NO

On behalf of the CDA Office of Compliance, I agree that all of the above terminations are accounted for as noted above.

_____	_____	_____	_____
(Printed name)	*(Signature)*	*(Date)*	*(# of Badges Rcvd)*

Rev. 8/19/19