



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:

Table with 3 columns: NAME, BADGE #, Is the badge attached? (YES/NO). Rows 1-20.

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)