



Lost Badge Form

Employer: _____

Last Name: _____

First Name: _____

Full Middle Name: _____

Authority: TSR 1542.211 (a) (3) (vii)

By signing below I certify that I understand and agree to the following statements:

"I certify that the below listed badge has been LOST, STOLEN or DESTROYED and is no longer in my possession."

"I understand that I will be charged a replacement badge fee of \$50 for the first occurrence and \$100 for a second occurrence." (SJCAA reserves the right to not issue a third replacement badge. If a badge is granted the applicable fee is \$250)

"I understand that I may be eligible for a partial refund of the badge replacement fee if I later find and return the badge to the SJCAA badge office."

Signature: _____ Date _____

BADGE TYPE:

<input type="checkbox"/>	Unrestricted	<input type="checkbox"/>	Contractor	<input type="checkbox"/>	SIDA	<input type="checkbox"/>	Sterile	<input type="checkbox"/>	AOA
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BADGE STATUS: Lost ___ Stolen ___ Destroyed ___

Explanation: _____

Badge Details:

Badge that is unaccounted for:

Badge Number: _____ *Deactivated by:* _____ *Date Badge was lost:* _____ *Date Reported:* _____

Replacement Badge # _____

Key Status: Lost ___ Stolen ___ Destroyed: _____

Explanation: _____

Key Number: _____ **Accessible Areas:** _____

"By signing this application I am authorizing the issuance of a replacement badge for the employee listed."

AUTHORIZED SIGNATURE: _____ **DATE:** _____