

Airport Issued Lost ID Application Form
South Bend International Airport



Employer: _____
Last Name: _____
First Name: _____
Full Middle Name: _____

Authority: TSR 1542.211 *By signing below I certify that I understand and agree to the following statements:*

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

"I understand that I will be charged a replacement badge or lost key fee according to the airport rates and charges." (SJCAA reserves the right to not issue a third replacement badge.)

"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."

Explanation: _____

Date badge/key was lost: _____ **Date lost badge/key was reported:** _____

Signature: _____ **Date:** _____

AIRPORT ISSUED LOST ID REPLACEMENT APPLICATION AUTHORIZED BY:

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

Name: _____ **Signature:** _____

Email: _____ **Date:** _____

AIRPORT AUTHORITY USE ONLY:

BADGE TYPE:

<input type="checkbox"/> SIDA	<input type="checkbox"/> STERILE	<input type="checkbox"/> AOA	<input type="checkbox"/> PUBLIC
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BADGE STATUS:

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> DESTROYED
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UNACCOUNTED BADGE/KEY NUMBER: **REPLACEMENT BADGE/KEY NUMBER:** **Amount Paid (\$100, \$200, \$300, KEY COST):**

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KEY STATUS:

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> DESTROYED	<input type="checkbox"/> KEY STATUS FORM COMPLETED
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Issued By: _____ **Signature:** _____ **Date:** _____