ID MEDIA LOST/STOLEN/TERMINATION FORM

(PLEASE TYPE OR WRITE LEGIBLY - CANNOT BOTH TYPE AND WRITE ON FORM)

LOST ☐ **STOLEN** ☐ **TERMINATED** ☐	
BADGE NUMBER	
EMPLOYEE NAME	
COMPANY NAME	
DATE BADGING OFFICE/AOC NOTIFIED	
METHOD OF NOTIFICATION	☐ **TELEPHONE** ☐ **IN WRITING** ☐ **IN PERSON**
TERMINATION DATE	
BADGE RETURN DATE	
LOST BADGE FEE $100.00 **STOLEN BADGE FEE $25.00**	☐ **PAY BY COMPANY** ☐ **EMPLOYEE**

NOTICE OF BADGE DEACTIVATION

I HEREBY NOTIFY THE AIRPORT SECURITY COORDINATOR FOR THE NASHVILLE INTERNATIONAL AIRPORT OF A LOST, STOLEN OR TERMINATED BADGE. PLEASE DEACTIVATE ALL ACCESS PRIVILEDGES FOR THE ABOVE EMPLOYEE

AUTHORIZED SIGNATORY (PRINT)_____AUTHORIZED SIGNATORY (SIGN)_____

AUTHORIZED SIGNATORY ACKNOWLEDGEMENT

49 USC 46301 (a) (6) FAILURE TO COLLECT AIRPORT SECURITY BADGES. Any employer who employs an employee to whom an airport security badge or other identifier used to obtain access to a secure area of an airport who does not collect or make reasonable efforts to collect such badge from the employee on the date that the employment of the employee is terminated and does not notify the operator of the airport of such termination within 24 hours of the date of such termination shall be liable to the Government for a civil penalty not to exceed $11,000.

I acknowledge and fully understand that Authorized Signatories are required to contact the Badging Office 275-2387 (During Business Hours) or the Airport Operation Center 275-1703 (After Hours) for the Nashville International Airport immediately upon a lost, stolen or terminated badge. I also understand that I must return the badge to the Badging & Security Office within 24-hours of termination.

AUTHORIZED SIGNATORY (PRINT)_____AUTHORIZED SIGNATORY (SIGN)_____DATE_____

DPS ADMINISTRATION USE ONLY

UPON NOTIFICATION, DISABLE/DEACTIVATE BADGE	
UPON BADGE RETURN, DESTROY BADGE	
NOTIFY TSA IF EMPLOYER FAILS TO NOTIFY THE NASHVILLE INTERNATIONAL AIRPORT AND RETURN THE BADGE TO THE BADGING OFFICE WITH 24 HRS OF TERMINATION	

TRUSTED AGENT:_____ DATE:_____