



DETROIT METROPOLITAN WAYNE COUNTY AIRPORT ID BADGE REPLACEMENT FORM

The individual identified below is an employee of: _____
Company Name

and has reported to us that his/her Airport ID Badge has been lost _____ or stolen _____. It is requested that the employee's Badge be replaced and is understood that should the badge be recovered/found, it will be returned to the Airport Security Department.

Name: _____
LAST FIRST MI

Social Security Number: _____ / _____ / _____ Home Phone: _____

Address: _____ Date of Birth: _____
STREET CITY STATE ZIP

Job Title: _____ Department _____ Work Phone: _____

Employee Signature: _____ Date _____

The above information is correct and administrative records regarding the employment and/or reference checks required for compliance inspection by the TSA or the Airport Authority are maintained as a matter of record.

***AUTHORIZING SIGNATURE:** _____ **Date:** _____

*Authorization must be made by a company official who is on file with Airport Security to sign for badge issuance.

REPLACEMENT COSTS:

- 1st Replacement \$100.00 (\$80.00 deposit, \$20 processing fee)
- 2nd Replacement \$200.00 (\$180.00 deposit, \$20 processing fee)
- 3rd Replacement issuance requires approval from Airport Management
- Contractor Replacement Badge \$320 (\$300 deposit, \$20 processing fee)

AIRPORT USE ONLY

_____ Replacement Lost Badge #: _____

Replacement Deposit Amount \$ _____ PIN # _____

Processing Fee Amount \$ _____ Card # _____

Received By: _____ Receipt Number: _____ Payment Type _____

Authorization: _____ Date: _____ Primary Color _____

Processed By: _____ Ramp _____ Escort _____ Secondary Color _____

Clearance Codes _____ Application Date _____