HPN Lost, Stolen, or Destroyed Badge Replacement Application

To Be Completed By Applicant

Applicant Information:

Last Name First Name M.I.

Employer Form of ID: ☐ SIDA ☐ Non-SIDA ☐ GA

☐ SIDA Visitor ☐ Non-SIDA Visitor

Requesting Badge Replacement Due To:

☐ **Lost** ☐ **Stolen** ☐ **Destroyed** ☐ **Other** _____

Explain when you last had possession of the badge and what happened:

In the event that my badge is located, I will notify Airport Security and return it immediately

Signature: _____ Date: _____

To Be Signed By Authorized Representative On File With Airport

Application Date: Company Requesting Replacement ID: Issuing Officer ID Card #:

Authorized Company Issuing Officer ⇨ Print Name: Signature:

To Be Completed By Airport Security

Lost ID Badge #: _____ Replacement ID Badge #: _____

- SIDA Fee Paid: ☐ $50 (First) ☐ $100 & SIDA Course (Second) ☐ No Third Issuance
- Non-SIDA and GA Fee Paid: ☐ $25 (First) ☐ $50 (Second) ☐ See ASC or Security Supervisor
- ☐ CCure System Updated

Approved and Reissued By: (Print and Sign) Date: