

ERIE
INTERNATIONAL AIRPORT
TOM RIDGE FIELD



ERAA ACCESS MEDIUM UPDATE FORM

Badging Office Hours

Monday 0900-1200

Wednesday 1300-1600

Friday 1100-1400

I, _____, by signature below acknowledge
(*print name*)

that my airport issued access medium: **touch-key #**_____, **ID badge #** _____, **manual key #**_____, has become
(*check one*) **UPDATE REQUIRED** ___ **LOST** ___ **EXPIRED** ___ **STOLEN** ___ **DAMAGED** ___

TEMPORARY ACCESS MEDIUM REQUESTED (ID)_____ (TOUCH KEY)_____ - FEE OF \$10 REQUIRED

I am requesting that a new/temporary form of access medium be issued for my use. I understand that there may be a fee for the replacement of the access medium and there is a \$10 service charge for the issuance of a temporary ID badge and that I may be subject to additional training prior to receiving my new access medium. I also understand that re-issuance of the access medium must be subject to verification by my employer and/or sponsor.

A current valid driver's license must be presented at the time of issue and upon each subsequent renewal. I understand that it is required that I maintain a valid driver's license in order to maintain airfield-driving privileges and I am required to immediately report any change in my driver's license status to the Erie Airport Police. Failure to maintain a valid driver's license will result in immediate revocation of my airfield-driving privileges.

Additionally, If I find my access medium that has been reported lost or stolen, I must return it to the Airport Badging office, as it is considered invalid.

(*Individuals signature*)

(*Date*)

_____ In accordance with Federal Regulation, the above named individual has reported to me that his/her access medium (ID badge, touch-key, key, vehicle validation sticker) has been lost/stolen/forgotten/damaged. Please accept this form as my acknowledgement of this lost form of access medium and issue this person a new form of access medium.

_____ As Designated Security Liaison, I am requesting that you update the access medium of the above named individual.

Company Name _____ Access medium to expire on _____

Security Liaison Signature _____ Date _____

Security Liaison Printed Name _____