



Destruction Year: \_\_\_\_\_

## Yakima Air Terminal-McAllister Field Airport ID Badge Cancellation Form

Transportation Security Administration and Airport Security Plan regulations require that all air carriers and each airport tenant or other person(s) or agency(ies) who have, in their possession, an airport issued identification, keys, or other devices allowing access to the Airport Operations Area (AOA) and /or Security Identification Display Area (SIDA), **immediately** notify the airport when: 1. An individual's access authority has been revoked or limited (termination, change of job function, retirement, conviction of certain felonies, etc.); 2. An individual's access medium has been lost or stolen, or; 3. The air carrier or tenant becomes aware that the access control system or a component of the system has been compromised or threatened through any means. 4. The airport operator is requiring employers, flight schools, and all other entities that sponsor individuals for identification media to inform the Airport Operator immediately when a sponsored individual no longer meets the requirements for work authorization i.e expire or invalid VISA "Form 1-9".

**NOTICE:** Failure to notify the airport immediately, or at least as soon as practical when any of the above-mentioned conditions apply can result in civil penalties being imposed by the TSA, FAA and/or airport authority under Title 49 CFR 1503.401 for each violation.

**INSTRUCTIONS:** If an individual's access authority has changed, complete sections 1 and 2. The person signing the form must be of component authority to do so. If an individual's access medium has been lost or stolen, complete sections 1 through 3.

**NOTIFICATIONS:** If any conditions listed above occur, Federal Law and the Airport Security Plan require that the airport be notified immediately of threats or problems (or within 24 hours/next business day). To accomplish this, complete this form and email it to [Shelby.Barrett@YakimaWA.gov](mailto:Shelby.Barrett@YakimaWA.gov) or mail/fax to 2406 W. Washington Ave, Suite B, Yakima WA 98908 Fax (509) 575-6185. Call the ASC of the Airport Administration Office with all of the appropriate information at (509) 576-6383 or deliver completed form in person to the Airport Administrative Office.

SECTION 1 – BADGE HOLDER INFORMATION (TO BE COMPLETED BY AUTHORIZED SIGNATORY)		
Badge Holder Name: _____		
Badge Disposition (check one) <input type="checkbox"/> Attached <input type="checkbox"/> Lost/Unreturned <input type="checkbox"/> Other: _____	Badge Number: _____ Badge Expiration: _____ Return Date: _____	Badge Type (check one) <input type="checkbox"/> Airport Issued <input type="checkbox"/> Airport Approved

SECTION 2 – EMPLOYER INFORMATION (TO BE COMPLETED BY AUTHORIZED SIGNATORY)	
Company/Hangar/Airport Affiliation: _____	Date of separation/status change: _____
Reason for change (check one) <input type="checkbox"/> Termination <input type="checkbox"/> Change in Job Function <input type="checkbox"/> Other: _____	Were keys and other access control devices confiscated? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No: _____

SECTION 3 – THREAT ASSESSMENT (IF APPLICABLE, TO BE COMPLETED BY AUTHORIZED SIGNATORY)
Lost or stolen ID, Keys or other access devices provide narrative of the circumstances of loss, items lost or stolen, and any other pertinent information available: _____ _____
Explain nature of compromise or threat to access control system: _____ _____
Additional Narrative: _____

Certification: I certify that the information contained herein is true and correct to the best of my knowledge and understand that knowingly making false statements on this form is punishable by law.

Authorized Signatory (Print): \_\_\_\_\_ (Sign): \_\_\_\_\_ Date: \_\_\_\_\_

SECTION 4 – RETURN INFORMATION (TO BE COMPLETED BY AIRPORT STAFF)		
Badge Number: _____	Badge Returned to Admin Office? <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	Badge Destroyed <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____
Badge Deactivated <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	Updated STA <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	Key(s) Returned to Admin Office? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Date: _____

Certification: I certify that the information contained herein is true and correct to the best of my knowledge and understand that knowingly making false statements on this form is punishable by law.

Processed By (Sign): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_