

HXD ID MEDIA RETURN FORM

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SECTION 1 – BADGE HOLDER INFORMATION

Please Type or Print Clearly

BADGE NUMBER:**EMPLOYEE NAME:****COMPANY NAME:****SEPARATION DATE/REASON (RESIGN, TERMINATE, ETC):****WAS BADGING OFFICE NOTIFIED TO DISABLE BADGE:*****RETURN BADGE AS SOON AS POSSIBLE*****SECTION 2 – AUTHORIZED SIGNATORY NOTICE OF DEACTIVATION AND ACKNOWLEDGMENT**

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 \$10,000.00.

I acknowledge and fully understand that Authorized Signatories are required to contact the Badging Office at (843)441-5443 immediately upon receiving notification of a compromised badge or separation of employment. I also understand that I must return the badge to the Badging Office within 10 days of separation of employment or operational need ceases.

I HEREBY NOTIFY THE AIRPORT SECURITY COORDINATOR FOR THE HILTON HEAD ISLAND AIRPORT TO DEACTIVATE ALL ACCESS PRIVILEGES FOR THE ABOVE NAMED EMPLOYEE.

Name of Authorized Signer (Type or Print):

Authorized Signatory's Signature:**Date:**

ADMINISTRATIVE USE ONLY

Please Type or Print Clearly

DATE BADGE DISABLED:**DATE BADGE DESTROYED:****NOTIFY TSA IF EMPLOYER FAILS TO NOTIFY BADGING OFFICE WITHIN 24 HOURS.****TRUSTED AGENT:****DATE:**