SALT LAKE CITY DEPARTMENT OF AIRPORTS REQUEST FOR BADGE REACTIVATION



| Badge # | Person ID # |
|---------|-------------|

| OVERVIEW | | | | |
|---|--------------|------------|--------------------------------------|--|
| To reactivate a badge which has been disabled, or suspended, please complete the form in its entirety and either fax to (801)575-2377 or scan and email directly to the badging office with supporting documents (see Section 3). | | | | |
| SECTION 1 BADGE TO BE REACTIVATED | | | | |
| Last Name | | | First Name | |
| Badge Number | Company Name | | | |
| SECTION 2 | | | | |
| INDIVIDUAL REQUESTING REACTIVATION Ind | | Individual | vidual must be an authorized signer. | |
| Last Name | | | First Name | |
| Phone Number Co | | Company N | Company Name | |
| Email Address | | | | |
| SECTION 3 REASON FOR REACTIVATION | | | | |
| Please select the box below which indicates why the employee was initially deactivated. Supporting documentation must be attached with the reactivation request. | | | | |
| ☐ Suspension (Only within 30 days of deactivation) ☐ Medical (Required: Copy of Doctor's release note) | | | | |
| ☐ Furlough (Required: Updated fingerprint letter with original signature on company letterhead) | | | | |
| ☐ Military (Required: Copy of Official orders, or DD214) ☐ Other | | | | |
| SECTION 4 ACCESS CONTROL USE ONLY | | | | |
| Reactivated By/Date | Comments | | | |