PORT OF BELLINGHAM
Washington State

BLI IDENTIFICATION MEDIA REPLACEMENT:

As an Authorized Signatory, I certify _____
(Please Print Employee's Full Name)

is an employee at Bellingham International Airport on behalf of our company and has a need for the requested type of identification badge. I agree to notify the Port of Bellingham immediately of the applicants' termination, transfer or retirement, if the applicant no longer meets the requirements for employment eligibility, or should he/she disclose any conviction of any disqualifying criminal offenses. I accept responsibility for retrieving the applicants' badge and returning it to the Airport Administration Office once the badge is no longer valid.

Authorized Signature:	
Printed Name:	
Title:	
Company:	
Date:	

For Airport Administration Office Use:

Badge Number:	Date Badge Issued:	
Card Expiration:	Date:	Initials:
Card Returned:	Date:	Initials:
Reason for replacement:		