

Affidavit of Company Badge Loss

I,

, employed by

, hereby declare the following:

1. Badge Details

Badge Number: _____

Department: _____

Position/Title: _____

2. Date and Circumstances of Loss

Date Lost: _____

Place of Loss: _____

Description of Circumstances:

I affirm that to the best of my knowledge, the information provided above is true and correct. I understand that any false statement may lead to disciplinary action in accordance with company policies.

Employee's Signature

Authorized Officer

Date: