

**THE NATIONAL INSTITUTES OF HEALTH  
EXTENDED VISITOR ID BADGE APPLICATION**

**Privacy Act Notification:**

Collection of this information is authorized under 5 U.S.C. 301 and 302; 40 U.S.C. § 121 and 40 U.S.C. § 1315; Delegation of Authority, 33 FR 6044 (January 17, 1968); 42 U.S.C. 216; 44 U.S.C. 3101 and 3102; and 45 CFR Part 3. The primary use of this information is to determine the suitability or eligibility for access to the National Institutes of Health (NIH) facilities. **For NIH security purposes, your name and fingerprints will be checked against the National Crime Information Center (NCIC) and other applicable law enforcement databases, prior to the issuance of an affiliate NIH identification and campus access pass. This may result in information being disclosed to Law Enforcement Officials regarding past arrests, outstanding warrants, criminal convictions, or your inclusion on the FBI watch list. As a result of that disclosure, if warranted, possible legal action and/or arrest could occur.**

**Authorization:** Although this process may have been done prior to the date of this application, I authorize any appropriate member of the Division of Police to conduct fingerprinting and/or checks against the National Crime Information (NCIC) and other applicable law enforcement databases to obtain information relating to my past history. I understand that the information released by record custodians, and sources of information is for official use by the NIH only for the purposes of determining my suitability or eligibility for access to the NIH facilities, and may be disclosed by the NIH only as authorized by law.

**Please initial to indicate you have read and understand the above.**

**Penalties to Inaccurate or False Statements:**

Title, 18 Section 1001, United States Code (USC) provides that knowingly falsifying or concealing a material fact is a felony punishable by a fine(s) of up to \$10,000, or 5 years imprisonment, or both. Additionally, Federal agencies generally deny access of disqualifying individuals who have materially and deliberately falsified these forms and this fact remains a part of the permanent record for consideration of future requests.

_____		_____		_____	
<b>Print Last Name</b>		<b>Print First Name</b>		<b>Printed Middle Name</b>	
_____		_____		_____	
<b>Home Street Address</b>	<b>Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
_____		_____		_____	
<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Place of Birth (Country, if not U.S.)</b>	<input type="checkbox"/> <b>Male</b>	<input type="checkbox"/> <b>Female</b>	
_____		_____		_____	
<b>Signature</b>	<b>Date</b>	<b>U.S. Citizenship:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No*			
_____		_____		_____	
<b>Parent/Guardian Signature (applicant under 18)</b>		<b>Contact Number</b>			
_____		_____			

**E-mail address:** \_\_\_\_\_

(Please print legibly to be notified of the status of your Extended Visitor Application)

**EXTENDED VISITORS AND NED SUPPLEMENTS**

- |  |   |  |  |   |   |
|--|---|--|--|---|---|
| <input type="checkbox"/> <b>Retiree</b>      | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year    | <input type="checkbox"/> <b>Transportation Visitor</b> | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |
| <input type="checkbox"/> <b>Board Member</b> | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to three years | <input type="checkbox"/> <b>Service Provider</b>       | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |
| <input type="checkbox"/> <b>NIH Resident</b> | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year    | <input type="checkbox"/> <b>Grounds Maintenance</b>    | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |
| <input type="checkbox"/> <b>Alumni</b>       | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year    | <input type="checkbox"/> <b>Construction Worker</b>    | <input type="checkbox"/> 6 months or less |   |

**PIV Authorized Administrative Officer (AO): Please provide a high-level purpose for the requestor's need to enter the campus on a regular basis, which is three (3) or more days per week, on the below line:**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

<b>Authorized Sponsor Signature</b>	<b>Institute /Center</b>	<b>Date</b>	<b>Contact Number</b>
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<b>Authorized AO Sponsor NED ID</b>	<b>Print Authorized AO Sponsor Name</b>	<b>CAN Number (last seven digits)</b>
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**For Bethesda:** Requestor(s) must carry their completed form to the NIH Gateway Center. Service Providers need a company letter with the business need for the badge in addition to this form. Upon receipt of a favorable email, you may obtain your badge at the NIH Gateway Center (Building 66).

**For RML:** Requestor(s) must carry their completed form to their contracting point of contact who will then forward the request to NIH Police for further processing. Upon receipt of a favorable email, you may obtain your RML-NIH Badge at the Visitor's Center (Building 30).

You must present a current **government approved I-9 document (photo identification)** when obtaining your badge. Processing may take up to ten (10) business days.

**Division of Police use ONLY**

- Sponsor verified**  **NCIC / Fingerprint check completed**  **\*Div. of International Services approval**  **Div. of Police Approval**