

**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 (d),k 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 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, and if warranted, possible legal action and/or arrest could occur. Submission of this information is voluntary; however, in order for the NIH Police to determine your suitability to receive a government-issued NIH identification card and campus access pass, you must complete all fields.

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 fire, deny grant access, or disqualify individuals who have materially and deliberately falsified these forms, and this fact remains a part of the permanent record for consideration of future placements.

Authorization:

Although this process may have been done prior to the date of this application, I authorize any appropriate member of the National Institutes of Health Division of Police to conduct appropriate 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 NIH facilities, and may be disclosed by the NIH only as authorized by law.

_____		_____	
Print Last Name		Print First Name	
_____	____/____/____	_____	
Social Security Number	Date of Birth	Place of Birth (City and State or Country if not U.S.)	
_____	_____	U.S. Citizenship: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature	Date	If No, Country of Citizenship: _____	
_____		(____) _____ - _____	
Print Parent/Guardian Signature (If applicant under 18)		Contact Number	

Company Name			

**-FORT DETRICK-
EXTENDED VISITORS (UP TO ONE YEAR)**

- | | | | | | |
|--|---|---|---|---|---|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year | <input type="checkbox"/> Patient/Patient Affiliates | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year | <input type="checkbox"/> Retiree/Alumni | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |
| <input type="checkbox"/> Clinical Rotators | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year | <input type="checkbox"/> Service Provider | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |
| <input type="checkbox"/> Community Liaison | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year | <input type="checkbox"/> Summer Students | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |
| <input type="checkbox"/> Construction Worker | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year | <input type="checkbox"/> Tenant | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |
| <input type="checkbox"/> Extended Visitor | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year | <input type="checkbox"/> Transportation Visitor | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |
| <input type="checkbox"/> Fellows | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year | <input type="checkbox"/> Vendors | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |
| <input type="checkbox"/> Grounds Maintenance | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year | <input type="checkbox"/> Volunteers/Others | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |

All applicants, other than Service Providers, Vendors and Construction Workers, must have an **NIH employee sponsor**, i.e., spouse, or institute coordinator sign this document. Verification must be confirmed, via the sponsor, before a badge will be issued.

_____	_____	____/____/2011	(____)____-____-____
Print Sponsor / Sponsor Signature	Institute /Center	Date	Contact Number

- When picking up your badge, please go to NCI-Frederick, Building 426, Room 104. It may take up to seven (7) business days to process this request.
- You must present government approved photo identification, such as a driver's license, passport, worker's permit, school identification card, etc. when picking up your badge.
- For additional information, please contact EHS/Protective Services at (301) 846-6372 or (301) 846-1092. You can fax the form to (301) 846-7009.

- Sponsor verified
- NCIC check completed