

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.

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

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"/> Retiree | <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"/> Board Member | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to three years | <input type="checkbox"/> Service Provider | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |
| <input type="checkbox"/> NIH Resident | <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"/> Alumni | <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 |

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 lines:

Authorized Sponsor Signature	Institute /Center	Date	Contact Number
Authorized AO Sponsor NED ID	Print Authorized AO Sponsor Name	CAN Number (last seven digits)	

Requestor(s) must hand carry the form to the NIH Gateway Center. Service Providers need a company letter with the business need for the badge in addition to this form. Processing can/may take up to ten (10) business days. Upon receipt of an email indicating a favorable fingerprint check, you may go directly to the NIH Gateway Center; Building 66 to obtain your NIH Badge. You must present a current **government approved I-9 document (photo identification)** when obtaining your badge.

Division of Police use ONLY

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