

**FORT DETRICK**  
**THE NATIONAL INSTITUTES OF HEALTH**  
**EXTENDED VISITOR ID BADGE APPLICATION**  
**Attention: Tae Chaney**

**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, 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.

**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 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	Middle Name
_____	_____	_____
Social Security Number	Date of Birth	Place of Birth (Country, if not U.S.)
_____ - _____ - _____	____/____/____	_____
Signature	Date	U.S. Citizenship: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	If No, Country of Citizenship: _____
Print Parent/Guardian Signature (applicant under 18)	Contact Number	E-mail Address
_____	(____) _____ - _____	_____

**Company Name**

**EXTENDED VISITORS (UP TO ONE YEAR ONLY)**

- |  |   |   |  |   |   |
|--|---|---|--|---|---|
| <input type="checkbox"/> Service Provider  | <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"/> Volunteers/Others | <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"/> 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 |

**All applicants, (Service Providers, Vendors and Construction Workers), must have an NIH employee sponsor and a company work justification letter. All other applicants must have a sponsor sign the bottom of the form, i.e., NIH FT spouse, or NIH FT Institute Coordinator. Verification must be confirmed, via the sponsor, before a badge will be issued.**

Sponsor Signature	Institute /Center	Date	(____) - _____ - _____
_____	_____	____/____/____	_____

**Print Sponsor Name Legibly**

Before submitting your form, please ensure all information requested is provided. All information requested in this form is **mandatory** when running your name against the National Crime Information Center (NCIC). When picking up your badge, please go to the Frederick National Labs Cancer Research (FNLCR), Building 426, Room 104. Please note: Processing may take up to 10 business days. You must present an approved I-9 document, such as a driver's license, passport, etc. when picking up your badge.

For additional information, please contact EHS/Protective Services at (301) 846-6372. You may fax your form to (301) 846-7009. Please do not alter this form in any way. Any alterations implemented, your paperwork will not be processed.

- Sponsor verified  
 NCIC check completed