

Construction Contractor Extended Visitor Badge (EVB) Application Instructions

1. There are two parts to the application. One part is the **EVB Application Form** filled out by the Construction Worker & *Prime Contractor* and the other part is the **EVB Requesting Letter** filled out by the *Prime Contractor*.
2. There is one EVB Application Form and one EVB Requesting Letter submitted for **Each** Construction Worker (Prime or Subcontractor)
3. **EVB Application Form Instruction: (See below sample)**
 - a. The Construction Worker shall print (no cursive script) out those fields designated in the sample EVB Application Form (except applicant's signature field). Personal data shall use their 'Legal Name' (no nick names or aliases) and be consistent with federally issued identification (driver's license, passport, permanent resident card, etc.). This form must be legible – many are not and will be returned. This is one of the top reasons for rejection. The EVB Application Form can be downloaded at <https://security.nih.gov/Documents/Extended%20Visitor%20Form.pdf>.
 - b. The *Prime Contractor* will fill out those fields designated in the sample EVB Application Form for both the Prime and Subcontractors workforce.
 - c. The *Prime Contractor* will need to enter a 'high-level purpose for the requestor's need to enter the campus on a regular basis'. Some examples are:
 - i. Patrick O'Henry will be the control installer for the Building #29 renovations from 7-4-2019 to 1-4-2020. (Note the 6-month EVB time limit)
 - ii. James McCanney will be a Crane Operator for the construction of Building # 50 from 6-1-2019 to 12-31-2019. (Note the 6-month EVB time limit)
 - d. The EVB for Construction Workers will be issued for a period up to 6 months only. For longer project durations the applicant can re-apply in 6 -month increments.
 - e. No photographic image (i.e. Smartphone picture) of an application will be accepted.
4. Fields not filled out or not legible will be returned to the *Prime Contractor* for resubmission. Don't forget to check that the applicant's initials are at the top of the form indicating they have read and understand the Privacy Act Notification and Authorization.
5. **EVB Requesting Letter Instructions: (See below sample)**
 - a. The *Prime Contractor* must complete the EVB Requesting Letter for **each** member of its workforce.
 - b. The EVB Requesting Letter must be on corporate letterhead and submitted along with the EVB Application Form.
 - c. The *Prime Contractor* will need to enter, on the letter, the same high-level purpose language for the 'Construction Workers need to enter the campus on a regular basis' as on the Application. This is the exact same language as provided on the EVB Application Form (see Para. 3c).
 - d. Contact Sandra Jones, the **DDCM Badging POC (DDCM POC)** at sandra.jones2@nih.gov or 301.451.3034 for any questions on this or any other EVB questions.

- e. The completed EVB Application Form and the EVB Requesting Letter are to be sent together as one single PDF file to the DDCM POC. **Since the Application and Letter contain Personally Identifiable Information (PII) the Prime Contractor shall safeguard the information.** When transmitting these documents electronically the *Prime Contractor* shall send them to the **NIH Secure Email and File Transfer** system at <https://secureemail.nih.gov/bds/Login.do> . To send a delivery using this service, please request permission by contacting the NIH Help Desk as explained on the site homepage. If forms are to be hand delivered the Prime's badging POC must call the DDCM POC for an appointment to hand deliver the forms so the PII information is not compromised. PII documents must not be just laid on the DDCM POC's desk when not present.
6. Upon receipt of the EVB Application Form and EVB Requesting Letter, the DDCM POC will review them for errors and send back those requiring *Prime Contractor* corrections.
7. The DDCM POC will then submit the EVB Application Form and Requesting Letter to the applicable Contracting Officer's Representative (COR) or Project Officer (PO). The COR/PO will review, adjust, approve or disapprove, sign and date the EVB Requesting Letter. The **COR/PO will also enter the appropriate CAN number** on the EVB Application Form.
8. The COR/PO will then return the EVB Application Form and approved EVB Requesting Letter to the DDCM POC.
9. The DDCM POC will then submit the EVB Application Form and EVB Requesting Letter **as one PDF file** to the AO for approval. The AO is the only person that may sponsor badge requests. Once the AO approves and signs the EVB Application Form they will return the signed EVB Application and Requesting Letter File to the DDCM POC.
10. The AO signed EVB Application Form and EVB Requesting Letter PDF file is then submitted to the NIH Police Department by the DDCM POC to start their processing. There are specific NIH Police POC for different types of contracts, the DDCM POC will ensure it gets to the appropriate POC.
 - a. The NIH Police require a minimum of 2 weeks for the processing of an EVB request.
 - b. The EVB applicant will receive an electronic notification, **at the e-mail address provided on the EVB form**, to come to NIH for Finger Prints. **It is therefore, imperative that the contact information on the EVB Form be correct.** If the applicant fails to be contacted the EVB application will be terminated and the EVB process will need to be started over, from the beginning. The notification provides the location of the badging office, days and times of badge processing.
 - c. NIH Police will then review the provided information through the National Crime Information Center (NCIC). The results of the review will be provided to the applicant via the e-mail address provided on the EVB Application.
 - d. NIH Police will then notify the applicant to come to NIH for completion of the badging process which includes a photo for the EVB.
 - e. The EVB badge has no technology embedded on the card such as bar coding or a chip. When entering the campus, the badge is presented to the campus guard for verification.

The guard will allow access to the campus. Entrance is prohibited at the “patient” gate entrance. All EVB badges are required to be returned to the COR/PO or the DDCM Badging POC office (Bldg. 13/2W48) upon completion of project.

11. **EVB badges are for 6 months only.** The Prime Contractor shall maintain a list with all pertinent EVB data including the EVB expiration date. Re-applying for an existing EVB, before the expiration date, is the same as the original process in terms of the EVB Application and Letter. Please start this process 2 months before expiration to ensure continuous coverage.
12. If the Contractor employee does not have an EVB or it expires the only way they can be admitted to the Campus is through the Visitor’s Center. Processing through the Visitor Center may take 30-45 minutes each day during rush hours. Visitors will be required to show one (1) form of identification (a government-issued photo ID-driver's license, passport, permanent resident card, etc.) and to state the purpose of their visit. Click this link for more information on Campus Access and Security [NIH Visitor Information](#) .
13. **Prime Contractors are highly encouraged to assign a dedicated EVB badging coordinator that we can work with and train.** This process has many moving parts and involves the *Prime Contractor*, DDCM Badging POC, COR/PO, Admin Officer, and NIH Police. Any missing, incorrect or unreadable entries will result in a rejection and will be returned to the *Prime Contractor* for resolution.

Sample EVB Requesting Letter

CONTRACTOR's Letter Head Here

Date: 7-4-2019

Ms. Felicia Tabron
Administrative Officer
NIH
Building 13, Room 1318
Bethesda, MD 20892

RE: Request for Extended Visitor Badge

Dear Ms. Tabron,

Request your approval for the following Extended Visitor Badge (EVB) application:

Contractor Applicant Name: Patrick Dean O'Henry

Contractor Company: ABC Construction Company

NIH Project Name: NIH Building #29 Renovations

Project "C" Number: C108294

COR or Project Officers Name: James Smith

Applicant Position: Controls Installer

Contract Period of Performance: Start Date 7-4-2019, Finish Date 1-4-2020

Contractor Badging POC Name: Susan Welch

Contacting Badging POC Phone Number: 505-897-4523

Contractor Badging POC e-mail Address: SusWel@abccompany.net

Contractor Badging POC Signature: XXXXXXXXXXXXXXXXXXXXXX

High Level purpose for the requester's need to enter the NIH Campus/Facility on a regular basis:

Patrick O'Henry will be the controls installer for the Building #29 renovations from 7-4-2019 to 1-4-2020.

COR/PO enter CAN Number: 8016670

COR or Project Officers Signature and Date: XXXXXXXXXXXXXXXXXXXXXX

Sample Extended Visitor Badge Form

Figure 1

Extended Visitor Badge Form Instructions

To be filled by applicant

**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 understood the above. PDO

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.

O'Henry Patrick Dean
Print Last Name Print First Name Printed Middle Name
5115 Longmead Drive Silver Spring MD 20910
Home Street Address Apt. # City State Zip Code
215-88-9941 04/01/1962 Longford, Ireland
Social Security Number Date of Birth Place of Birth (Country, if not U.S.) Male Female
Patrick's Signature 9/15/2019 U.S. Citizenship: Yes No*
Signature Date
If No, Country of Citizenship: Ireland
Parent/Guardian Signature (applicant under 18) 410-519-9119 Contact Number
E-mail address: patricko@awesomedesigns4u.com
(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"/> Alumni	<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"/> 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"/> Board Member	<input type="checkbox"/> 6 months or less <input type="checkbox"/> up to three years	<input checked="" type="checkbox"/> Construction Worker	<input checked="" type="checkbox"/> 6 months or less <input type="checkbox"/> up to one year
<input type="checkbox"/> Volunteer	<input type="checkbox"/> 6 months or less <input type="checkbox"/> up to one year	<input type="checkbox"/> Clinical Rotator: (Type I)	<input type="checkbox"/> 6 months or less
<input type="checkbox"/> Special Government Employee	<input type="checkbox"/> 6 months or less <input type="checkbox"/> up to three years	<input type="checkbox"/> Clinical Rotator: (Type II)	<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 on the below lines:
Patrick O'Henry will be the controls installer for the Building #29 renovations from 7-4-2019 to 1-4-2020
20202020

To be filled by AO

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 are ONLY

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

November 2014
DPEVT-100

PLEASE DO NOT EDIT THIS FORM! AN EDITED FORM WILL NOT BE PROCESSED!

CAN Number provided by DDCM