

FNL VISITOR PASS AUTHORIZATION FORM		
Instructions: Complete this form to request a visitor pass for all visitors to NCI at Main Campus and FNL facilities. For a group of visitors arriving for the same purpose or project, a single form may be used using Section 5. Email completed form to frederickaccesscontrol@nih.gov at least 1 business day prior to visit to ensure timely processing in Access Control. Please write legibly or type.		
Section 1: Visitor Information		
LAST NAME:		FIRST NAME:
US CITIZEN OR PERMANENT RESIDENT: ___ YES ___ NO IF NO, COUNTRY OF CITIZENSHIP:		
REPRESENTING (Name of Company, Organization, University, or Self, etc.):		
VISIT START DATE:	VISIT END DATE:	FACILITY: ___ Main Campus ___ Wedgewood ___ ATRF ___ VPP
PURPOSE OF VISIT: <input type="checkbox"/> Construction <input type="checkbox"/> Vendor or Service <input type="checkbox"/> Interview <input type="checkbox"/> Visiting a Scientist <input type="checkbox"/> Meeting <input type="checkbox"/> Other: _____		BUILDING(s) VISITING:
Section 2: Construction Project Information		
PROJECT NAME:		TASK ORDER NO or WORK ORDER NO or CONTRACT NO:
PROJECT MANAGER NAME:		CONSTRUCTION ADMINISTRATOR NAME:
Section 3: Sponsor Name		
(Note: For Construction Projects, this may be the General Contractor Project Manager or Site Superintendent)		
SPONSOR NAME:	SPONSOR CONTACT NUMBER:	SPONSOR ORGANIZATION:
SIGNATURE OF SPONSOR:		DATE:
Anticipated Arrival Time ___ Early Morning (5:45 a.m. to 8 a.m.) ___ Daytime (8 a.m. to 5 p.m.) ___ Evening/Night (after 5 p.m.)		
Section 4: EHS ACCESS CONTROL USE ONLY		
<input type="checkbox"/> ESCORT REQUIRED – ANIMAL FACILITY OR RESTRICTED AREA		<input type="checkbox"/> MANUAL DOOR UNLOCK PERMISSION
<input type="checkbox"/> ESCORT REQUIRED – Non-US Citizen or Permanent Resident		<input type="checkbox"/> STATE SPONSOR OF TERRORISM – HHS APPROVAL REQUIRED
REVIEWED BY:		REVIEWED DATE:

OMB No.: 0925-0740, Expiration Date 9/30/2022

Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0740). Do not return the completed form to this address.

Section 5: Names for Visiting Group

Instructions: This must be attached to Page 1 of this form. For visiting groups, please complete the following table. This eliminates the need for a form for each visitor.

[illegible]