



**Department of Veterans Affairs
VHA Service Center Personnel Security
6100 Oak Tree Blvd #500
Independence, OH 44131
VSCSecurity@va.gov**

VSC PERSONNEL SECURITY SERVICES OVERVIEW

The VHA Service Center Personnel Security Office offers a comprehensive service which ensures that contractor security requirements are met in accordance with OPM and federal regulations from initiation to completion. Communication is maintained between the VSC, the contracting officer, the COR (COTR) and the contracting company point-of-contact at all times during the process.

This service includes the below:

- ☞ Fingerprint submission and adjudication:
 - This involves ensuring that contractors submit fingerprints for background screening and adjudication of fingerprint/background screening results. After the results are confirmed or adjudicated, the National Criminal History Check (NCHC) Form would be sent to all contacts via email.
- ☞ Existing investigations:
 - Verifying existing investigation information and collecting the required documents for reciprocity. The required documentation would include the OF306 Form and Self-Certification Form. These documents would be provided upon confirmation of investigation through the OPM Portal.
- ☞ New investigations:
 - Upon receipt of the Contract Security Services Request, our office will obtain and submit all required documents to request an investigation through Little Rock Security Investigations Center (SIC) and monitor the progress through completion.
- ☞ PIV Badges:
 - Our office can also manage and sponsor the PIV badges as required, as soon as the investigations are released from Little Rock SIC and scheduled by OPM.

To begin the process, please follow the below guidelines:

1. Upon notification of contract award, make appointments for fingerprinting. Ensure contractors bring Form #2 Fingerprint Request Form and photo ID to their appointment. If fingerprints are to be taken manually, please refer to the mailing instructions on the bottom of Form #2.
2. Contracting officers, COR/COTRs complete and sign Form #1 in its **entirety**. All information is required. The packet will be rejected if this form is not complete.
3. Have employees complete all required documentation based on their risk level.
4. Submit complete packet to VSCSecurity@va.gov or fax: 216-447-8025. Incomplete packets will be rejected and returned. Complete packets will be assigned to a team member within 5-days. Subject line for the request submission email or fax cover sheet should be formatted as shown below.
 - a. **New Request Packet** - Contracted Company VA000-00000
 - b. **Addition to Existing Request** - Contracted Company VA000-00000
 - i. If there is a contact person in our office that is dealing with this specific task order, please put their name in the subject line as well.
 - c. **Status Request** – Contracted Company VA000-00000 submitted on 00/00/0000
5. Do not submit new requests and additions more than once as this will result in duplicate assignments and wasted time. If you have not received a response to your request within 5-7 business days, send a status request to the mailbox using the above format.
6. If there is a change in the contracted personnel (resignation, declined appointment, etc) immediately notify the team member handling your request. The cancellation must be submitted via email.



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CONTRACT SECURITY SERVICES REQUEST FORM #1A

(Please see Instructional Form 1a for assistance in completing this form)

New Request

Addition

CONTRACTOR INFORMATION

Ⓐ VA Contracting Officer Name & Phone:

Ⓑ COTR Name & Phone:

Ⓒ Contract End Date (Including Options):

Ⓓ SAO Region (East/West/Central):

Ⓔ Purchase/Task Order Number:

Ⓕ Contractor Position Description:

Ⓜ Station #:

Ⓖ Investigation Level (SAC/Low/Moderate/High):

Ⓝ Network Access (Y/N):

Ⓖ Contract Company Name (Subcontractor):

Ⓗ Contract Company Address:

Ⓙ Contractor POC Name & Phone:

Ⓚ Contractor POC Email:

Ⓛ Contracting Officer Signature:

This signature verifies that an official contract is in place prior to processing the applicants for badging

CONTRACTOR EMPLOYEE INFORMATION

Ⓞ Employee Name (Full Legal Name)	Ⓟ SSN	Ⓠ Email Address	Ⓡ D.O.B.	Ⓢ Place of Birth (City, State/Country)
Marvus Terrell Jernigan	259-61-5117	mjernigan@mm-sm.net	10/24/85	Heidelberg Germany

*Please use Supplemental Form 1b for additional individuals