

ATTACHMENT V: CONTRACT SECURITY SERVICES REQUEST FORM #1



**Department of Veterans Affairs
VHA Service Center Personnel Security
6100 Oak Tree Blvd #500
Independence, OH 44131
216-447-8023**

CONTRACT SECURITY SERVICES REQUEST FORM #1

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

CONTRACTOR INFORMATION

A Contracting Officer Name & Phone: _____

B COTR Name & Phone: _____

C Contract End Date (Including Options): _____

D SAO Region (East/West/Central): _____

E Purchase/Task Order Number: _____

F Contractor Position Description: _____ **M** Direct Patient Care (Y/N): _____

G Investigation Level (SAC/Low/Med/High): _____ **N** Network Access (Y/N): _____

H Contract Company Name (Subcontractor): _____

I Contract Company Address: _____

J Contractor POC Name & Phone: _____

K Contractor POC Email: _____

L Contracting Officer Signature: _____

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

CONTRACTOR EMPLOYEE INFORMATION

O	P	Q	R	S
Employee Name (Full Legal Name)	SSN	Email Address	D.O.B.	Place of Birth (City, State/Country)

*Please use Supplemental Form 1b for additional individuals