

ATTACHMENT VI: CONTRACTOR/EMPLOYEE FINGERPRINTING REQUEST FORM #2



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

CONTRACTOR/EMPLOYEE FINGERPRINTING REQUEST FORM #2

SON: 955C/SOI: VA08IPAC/OPAC: 3600.1200

(Please see Instructional Form #2a for assistance in completing this form)

EMPLOYEE INFORMATION (PLEASE PRINT)

- A Full Legal Name (First Middle Last): _____
- B SSN Last Four: _____
- C Contractor (Yes/No): _____

FACILITY INFORMATION

- D VAMC Name & Location: _____
- E Station Number: _____
- F Date Fingerprinted: _____
- G Method of Fingerprinting: Electronically / Manually
- H Date Card Mailed to OPM*: _____

After fingerprints are captured, fax this completed document to:

VHA Service Center (VSC) Personnel Security Office Fax# 216-447-8025

***If fingerprints are manually taken, please ensure the FD-258 Fingerprint Card is used and that it is mailed directly to OPM at the address below:**

**OPM Rapid Response Team
OPM-FIPC
1137 Branchton Rd
Boyers, PA 16020**