

Attachment (3) - CONTRACT SECURITY SERVICES REQUEST FORMS



**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)

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

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



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CONTRACTOR/EMPLOYEE FINGERPRINTING REQUEST FORM #2

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

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

**** This form must be taken to the fingerprinting appointment ****

A Full Legal Name (First Middle Last): _____

B SSN Last Four: _____

C Contractor (Yes/No): _____

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



155-15-Q-0112 Attachments 1-4

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VSCSecurity@va.gov

VHA Service Center PIV Sponsorship Form #3

(Please see Instruction Form #3a for assistance in completing this form)

Contractor / Employee Information

* All fields are mandatory except va.gov email *

A Full Legal Name (First Middle Last):

B Date of Birth (MM/DD/YYYY):

C Social Security Number:

D Citizenship:

(US Citizen, Naturalized, Non-Citizen)

E Assigned Duty Station:

F Address of Assigned Duty Station:

G VA.GOV Email Address:

H Gender:

I Race:

J Height:

K Weight:

L Eye Color:

M Hair Color:

N Place of Birth (City, State, Country):

O Position Title:

P Contractor Company Name:

Q Company Address:



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SECURITY VERIFICATION CONTINUATION

INSTRUCTIONAL FORM 1B

(This form is used only when extra space is needed for large rosters.)

- A **Contracting Officer Name & Phone:** Please list the post-award contracting officer or specialist handling this task order and phone number.
- B **COTR Name & Phone:** Please list the Contracting Officer Technical Representative and phone number. The COTR is the liaison between the contracting officer and contracted company.
- C **Task Order Number:** Please list the task order number (VA000-C00000). Our database is based on tracking contracts by station. Should the task order number change at fiscal year end, please indicate this on any future request worksheets by listing the old task order number in parenthesis.
- D **Contract Company Name:** Please provide the name of the contracting company that will be providing the work under the task order. Please provide subcontractors in parenthesis.
- E **Contractor POC Name & Phone:** Please provide the main point-of-contact for the contracting company and contact information. This person may be contacted to provide additional information or documents in the process. All communication with this individual will include the contracting officer and COTR.
- F **Employee Name:** Please provide the full legal name of the individuals working on this task order. If the individual is working on multiple task orders, please list them again as our database tracks contract statistics.
- G **SSN:** Please provide complete social security numbers for all individuals listed.
- H **Email Address:** Please provide a valid email address for all individuals. This email address will be provided for EQIP communication.
- I **DOB:** Please provide date of birth for all individuals listed.
- J **Place of Birth:** Please provide place of birth for all individuals listed, including city, state and country. For foreign-born individuals, please provide proof of citizenship.