

**Attachment (4) - CONTRACT SECURITY VERIFICATION REQUEST
SUPPLEMENTAL FORM #1B**



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

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

(Please reference Instructional Form #1b for assistance in completing this form)

A Contracting Officer Name & Phone:

B COTR Name & Phone:

C Task Order Number:

D Contract Company Name (Subcontractor):

E Contractor POC Name & Phone:

F	G	H	I	J
Employee Name (Full Legal Name)	SSN	Email Address	D.O.B.	Place of Birth (City, State/Country)