



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

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)

*Please use Supplemental Form 1b for additional individuals

Revised Form April 2012