



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

A VA 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 Station #:

G Investigation Level (SAC/Low/Moderate/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

| <i>O</i> | <i>P</i> | <i>Q</i> | <i>R</i> | <i>S</i> |
|------------------------------------|----------|---------------|----------|---|
| Employee Name (Full Legal Name) | SSN | Email Address | D.O.B. | Place of Birth (City, State/Country) |
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*Please use Supplemental Form 1b for additional individuals
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CONTRACTOR/EMPLOYEE FINGERPRINTING REQUEST FORM #2

SON: 955C / SOI: VA08 IPAC/OPAC: 3600.1200

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

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

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, return this completed form to your CO/COR for submission to VSC

***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, with this form. All fields on the fingerprint card MUST be completed. Please refer to Instructional Form #2a for an example of a completed fingerprint card. OPM will destroy all cards with incomplete fields. Delivery confirmation is recommended.**

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



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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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CONTRACT SECURITY VERIFICATION REQUEST SUPPLEMENTAL FORM #1B

(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:

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