



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

(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**