



**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 ( <b>Including Options</b> ):	
Ⓓ	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**

⓪	Ⓟ	Ⓠ	Ⓡ	Ⓢ
<b>Employee Name (Full Legal Name)</b>	<b>SSN</b>	<b>Email Address</b>	<b>D.O.B.</b>	<b>Place of Birth (City, State/Country)</b>

\*Please use Supplemental Form 1b for additional individuals

Revised Form April 2012