



**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:	Matthew M Lucas 727-399-3340
B	COTR Name & Phone:	Santino Guarino 727-398-6661 x12745
C	Contract End Date (Including Options):	Estimated 60 Months From Date of Award
D	SAO Region (East/West/Central):	EAST
E	Purchase/Task Order Number:	TBD
F	Contractor Position Description:	M Station #: 516
G	Investigation Level (SAC/Low/Moderate/High):	Low N Network Access (Y/N): 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

O	P	Q	R	S
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**



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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: Matthew Lucas 727-399-3340

B COTR Name & Phone: Santino Guarino 727-398-6661 x12745

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)