



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

CONTRACTOR/EMPLOYEE FINGERPRINTING REQUEST FORM

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 Fingerprinting/SAC Team
1137 Branchton Rd
Boyers, PA 16020**

***All fields fingerprint card MUST be completed or the card will be destroyed.**

Attachment F: Contractor Employee Fingerprinting Request



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CONTRACTOR / EMPLOYEE FINGERPRINT REQUEST INSTRUCTIONAL FORM 2A

Purpose: The Contractor/Employee Fingerprint Request is to assist individuals in obtaining fingerprinting services from VA Facilities nationwide, on behalf of the VSC. This form is required by Little Rock SIC before a request for investigation can be submitted.

- A Full Legal Name:** Please provide full **legal** name of individual requiring fingerprints.
- B SSN Last Four:** Please provide the last four of the individual's social security number.
- C Contractor (Yes/No):** Please indicate whether the individual is a contractor. Contracted employees are considered contractors.
- D VAMC Location:** Please provide the name and location of the VA Facility where the fingerprints were submitted.
- E Station Number:** Please provide the station number of the VA Facility where the fingerprints were submitted.
- F Date Fingerprinted:** Please provide the date that the fingerprints were submitted at the VA Facility.
- G Method of Fingerprinting:** Please indicate whether the fingerprints were submitted electronically or if manual fingerprints were submitted with ink and fingerprint card.
- H Date Card Mail to OPM:** If fingerprints were submitted manually, please provide the date the card was mailed to

IMPORTANT NOTE:

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. Delivery confirmation is recommended.

OPM Fingerprinting/SAC Team
1137 Branchton Rd

Boyers, PA

16020

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				LEAVE BLANK	
				LAST NAME		FIRST NAME			
SIGNATURE OF PERSON FINGERPRINTED		ALIASES		CITIZENSHIP		DATE OF BIRTH		PLACE OF BIRTH	
APPLICANT SIGNATURE		AKA		CIT		DOB		POB	
RESIDENCE OF PERSON FINGERPRINTED		OR		YOUR NO		SEX		DATE	
APPLICANT COMPLETE ADDRESS		SON: 955C SOI:VA08		OCA		RACE		DOB	
DATE		IPAC/OPAC: 3600.1200		EBI		REL		DOB	
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS				ARMED FORCES NO		EYES		DOB	
DATE SIGNATURE OF OFFICIAL				MNU		HAIR		DOB	
EMPLOYER AND ADDRESS				SOCIAL SECURITY NO		CLASS		REF	
EMPLOYER COMPLETE ADDRESS				SOC SEC #					
REASON FINGERPRINTED				MISCELLANEOUS NO					
SON: 955C SOI:VA08									
IPAC/OPAC: 3600.1200									

***All fields fingerprint card MUST be completed or the card will be destroyed.**