



DEPARTMENT OF VETERANS AFFAIRS

Togus VA Medical Center

1 VA Center

Augusta, ME 04330



## SECURITY BADGE (PIV) INSTRUCTIONS

*Togus, Maine VA Medical Center*

1. Contractor will complete the **Background Request Worksheet (Form #1)** in its entirety, listing all employees that will be working on that project/purchase order. If an employee is being added to an existing contract, complete the top portion of the worksheet as usual, indicate next to the task order number that it's an addition. Send this form back to the contracting officer at [William.nalls@va.gov](mailto:William.nalls@va.gov) or fax to 207-626-4710.
2. Within five business days of Award Notice, or notification to add/replace contracted employee, each employee must take the **VHA Special Agreement Checks (SAC) Memorandum (Form #2)** and two forms of ID to their nearest VA facility to have their fingerprints submitted and the form completed. **\*It is imperative that the SAC Memorandum Form be taken to the fingerprinting facility as it determines which facility is billed for the fingerprint submission and where the results are sent.\*** Return the signed Form #2 via fax to the contracting officer at [William.nalls@va.gov](mailto:William.nalls@va.gov) or fax to 207-626-4710.
  - Appointments for digital fingerprints should be made through the Togus, Maine PIV office (Brookes Gagnon at 207-621-8411 x5362).
  - Although not preferred, fingerprints may also be submitted manually on a FD-258 fingerprint card through local police departments, etc... If the manual method is used, ensure the fingerprint card is mailed directly to the address below:

OPM Rapid Response Team  
OPM-FIPC  
1137 Branchton Rd.  
Boyers, PA 16020
  - **No Notice to Proceed will be issued until the fingerprinting requirement (Form #2) has been met; the VHA Service Center PIV Sponsorship Worksheet (Form #3) and Contractor Background Investigation Worksheet (Form #1) have been returned to the Contracting Officer.**
3. Each individual working on the contract will complete the **VHA Service Center PIV Sponsorship Worksheet (Form #3)** for each employee, in its entirety, and return to the contracting officer at [william.nalls@va.gov](mailto:william.nalls@va.gov) or fax to 207-626-4710.
4. Each individual working on the contract must complete, sign both blocks 17a and 17b, date and return an **OF306 Form** to the contracting officer. The OF 306 which will be distributed with this packet or can be found at the OPM.Gov website.
5. Once you have completed Forms 1-3, the OF306, and have completed fingerprinting send all four forms to the contracting officer. The contracting officer will then forward everything to the VSC at the address below:

Personnel Security Office  
VHA Service Center (VSC)  
6100 Oak Tree Blvd #500  
Independence, Ohio 44131  
Fax: (216) 447-8025  
[VSCSecurity@va.gov](mailto:VSCSecurity@va.gov)



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6. Security badges can and should be obtained at any VA Facility. The same badge will be valid at all VA facilities throughout the contract period. These PIV Credentials are the Property of the United States Government; you are REQUIRED to turn in your PIV Card at the last campus of the last VISN where you work.

- Inform the VHA Service Center (VSC) Personnel Security Office of the VA facility you intend to have your badge issued before going to get it.
- Work with the Energy Manager/Technical Monitor or PIV Office to verify the physical location of the PIV Point of Contact (POC) and call ahead to make an appointment with the VA facility PIV office.
- Make sure you have two (2) forms of identification with you.
- Any failure to collect, record and return PIV Cards at the end of the performance period will result in a Poor Contractor Performance Recommendation and Liquefied Damages Claim made against the Contractor.

7. Your security badge must be displayed at all times when on federal property.

8. In the event of a loss of badge, you must immediately contact your supervisor who in turn will contact the COTR and Contracting Officer. You must also contact the VHA Service Center (VSC), Personnel Security Service, and the local PIV office to report the loss. Please work with the campus Energy Manager/Technical Monitor at these facilities.

9. After completion of the project, complete the **Contractor Turn-In Inventory Report (Form #4)** to verify that all badges have been turned in and destroyed.



**Department of Veterans Affairs  
VHA Service Center Personnel Security  
6100 Oak Tree Blvd #500  
Independence, OH 44131  
216-447-8023**

**CONTRACT SECURITY SERVICES REQUEST FORM #1**

(Please see Instructional Form 1a for assistance in completing this form)

**CONTRACTOR INFORMATION**

Ⓐ Contracting Officer Name & Phone:	_____
Ⓑ COTR Name & Phone:	_____
Ⓒ Contract End Date (Including Options):	_____
Ⓓ SAO Region (East/West/Central):	_____
Ⓔ Purchase/Task Order Number:	_____
Ⓕ Contractor Position Description:	Ⓜ Direct Patient Care (Y/N): _____
Ⓖ Investigation Level (SAC/Low/Med/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	Ⓟ	Ⓠ	Ⓡ	Ⓢ
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**

*Revised Form August 2011*



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VHA Service Center Personnel Security  
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**CONTRACT SECURITY SERVICES REQUEST - INSTRUCTIONAL FORM 1A**

Purpose: The Contract Security Services Request is submitted to VSC to initiate the contract security verification process. By submitting this form, our office will ensure that each individual listed have been fingerprinted, the fingerprints are adjudicated if necessary, background investigations are initiated or existing background investigations are current and PIV badges are managed and sponsored. This form should be completed and signed by the contracting officer. Please refer to the instructions below when completing the Contract Security Services Request Form #1.

- (A) Contracting Officer & Phone:** Please provide the post-award contracting officer handling this contract and their phone number.
- (B) COTR Name & Phone:** Please list the Contracting Officer Technical Representative and phone number. The COTR is the liaison between the contracting officer and contracted company.
- (C) Contract End Date:** Please list the date in which the contract ends including all options to extend (for PIV badge expiration).
- (D) SAO Region:** Please list the Service Area Office in which the contracting officer is associated with (East, West or Central).
- (E) Task Order Number:** Please list the task order number (VA000-C00000). Our database is based on tracking contracts by station. Should the task order number change at fiscal year end, please indicate on any future requests by listing the old task order number in parenthesis next to the new task number.
- (F) Contractor Position Description:** Please provide a position title for all individuals (ex: physician, consultant, electrician).
- (G) Investigation Level:** Please indicate the background security requirements as provided by the PDAT (Position Description Automated Tool). This would include background screening (SAC), low-level investigation (NACI), moderate-level investigation (MBI) and high-level investigation (BI). Please note that non-PIV badges (contract under 180-days) require at minimum a SAC, full PIV badges (over 180-days) require at minimum a NACI.
- (H) Contract Company Name:** Please provide the name of the contracting company that will be providing the work under the task order. Please provide subcontractors in parenthesis.
- (I) Contractor Address:** Please provide the contracting company address. This information is required for the Little Rock SIC investigation request.
- (J) Contractor POC Name & Phone:** Please provide the main point-of-contact for the contracting company and contact information. This person may be contacted to provide additional information or documents in the process. All communication with this individual will include the contracting officer and COTR.
- (K) Contractor POC Email:** Please provide the email address for the above mentioned point-of-contact. This email will be included in the investigation request submitted to Little Rock SIC.
- (L) Contracting Officer Signature:** All requests must be signed by the contracting officer/specialist. This signature verifies that an official contract is in place prior to processing the applicants for investigation and badging.
- (M) Direct Patient Care:** Please indicate whether the individuals will be providing direct patient care.
- (N) Network Access:** Please indicate whether the individuals will be obtaining network access.
- (O) Employee Name:** Please provide the full legal name of the individuals working on this task order.
- (P) SSN:** Please provide complete social security numbers for all individuals listed.
- (Q) Email Address:** Please provide a valid email address for all individuals.
- (R) DOB:** Please provide date of birth for all individuals listed.
- (S) Place of Birth:** Please provide place of birth for all individuals listed, including city, state and country. For foreign-born individuals, please provide proof of citizenship.



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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)

### **EMPLOYEE INFORMATION (PLEASE PRINT)**

- Ⓐ Full Legal Name (First Middle Last): \_\_\_\_\_
- Ⓑ SSN Last Four: \_\_\_\_\_
- Ⓒ Contractor (Yes/No): \_\_\_\_\_

### **FACILITY INFORMATION**

- Ⓓ VAMC Name & Location: \_\_\_\_\_
- Ⓔ Station Number: \_\_\_\_\_
- Ⓕ Date Fingerprinted: \_\_\_\_\_
- Ⓖ Method of Fingerprinting: **Electronically / Manually**
- Ⓗ Date Card Mailed to OPM\*: \_\_\_\_\_

**After fingerprints are captured, fax this completed document to:**

**VHA Service Center (VSC)  
Personnel Security Office  
Fax# 216-447-8025**

**\*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:**

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



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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.

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



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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**

Ⓐ Full Legal Name (First Middle Last):	<hr/>
Ⓑ Date of Birth (MM/DD/YYYY):	<hr/>
Ⓒ Social Security Number:	<hr/>
Ⓓ Citizenship:	<hr/> <div>(US Citizen, Naturalized, Non-Citizen)</div>
Ⓔ Assigned Duty Station:	<hr/>
Ⓕ Address of Assigned Duty Station:	<hr/>
Ⓖ VA.GOV Email Address:	<hr/>
Ⓗ Gender:	<hr/>
Ⓘ Race:	<hr/>
Ⓝ Height:	<hr/>
Ⓚ Weight:	<hr/>
Ⓛ Eye Color:	<hr/>
Ⓜ Hair Color:	<hr/>
Ⓝ Place of Birth (City, State, Country):	<hr/>
Ⓞ Position Title:	<hr/>
Ⓟ Contractor Company Name:	<hr/>
Ⓠ Company Address:	<hr/> <hr/> <hr/>



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**PIV SPONSORSHIP INSTRUCTIONAL FORM 3A**

Purpose: The PIV Sponsorship Form is used to complete the PIV badge application through the nationwide portal. All information is required to process a PIV badge.

- Ⓐ **Full Legal Name:** Please provide full legal name of individual as shown on driver's license or photo ID.
- Ⓑ **Date of Birth:** Please provide the date of birth of the individual.
- Ⓒ **Social Security Number:** Please provide the social security number of the individual.
- Ⓓ **Citizenship:** Please provide the citizenship of the individual. All foreign-born individuals will be required to submit proof of citizenship.
- Ⓔ **Assigned Duty Station:** Please provide the name of the individual's assigned duty station.
- Ⓕ **Address of Assigned Duty Station:** Please provide the complete address of the assigned duty station.
- Ⓖ **VA.GOV Email Address:** Please provide the va.gov email address of the individual. If the individual has not had the email address established, or will not be obtaining an email address, please indicate pending or not applicable.
- Ⓗ **Gender:** Please provide gender of individual.
- Ⓘ **Race:** Please provide race of individual.
- Ⓝ **Height:** Please provide height of individual.
- Ⓚ **Weight:** Please provide weight of individual.
- Ⓛ **Eye Color:** Please provide eye color of individual.
- Ⓜ **Hair Color:** Please provide hair color of individual.
- Ⓝ **Place of Birth:** Please provide city, state and country of individual's place of birth. All foreign-born individuals will be required to provide proof of citizenship.
- Ⓞ **Position Title:** Please provide position title of individual.
- Ⓟ **Contractor Company Name:** Please provide the contracting company that the individual will be working under. If the individual is a VA employee, please indicate not applicable.
- Ⓠ **Contracting Company Address:** Please provide the contracting company address. If the individual is a VA employee, please indicate not applicable.





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**CONTRACT SECURITY VERIFICATION REQUEST SUPPLEMENTAL FORM #1B**

(Please reference Instructional Form #1b for assistance in completing this form)

- Ⓐ Contracting Officer Name & Phone: \_\_\_\_\_
- Ⓑ COTR Name & Phone: \_\_\_\_\_
- Ⓒ Task Order Number: \_\_\_\_\_
- Ⓓ Contract Company Name (Subcontractor): \_\_\_\_\_
- Ⓔ Contractor POC Name & Phone: \_\_\_\_\_

Ⓕ Employee Name (Full Legal Name)	Ⓖ SSN	Ⓗ Email Address	Ⓘ D.O.B.	⓵ Place of Birth (City, State/Country)



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**SECURITY VERIFICATION CONTINUATION  
INSTRUCTIONAL FORM 1B**

- Ⓐ **Contracting Officer Name & Phone:** Please list the post-award contracting officer or specialist handling this task order and phone number.
- Ⓑ **COTR Name & Phone:** Please list the Contracting Officer Technical Representative and phone number. The COTR is the liaison between the contracting officer and contracted company.
- Ⓒ **Task Order Number:** Please list the task order number (VA000-C00000). Our database is based on tracking contracts by station. Should the task order number change at fiscal year end, please indicate this on any future request worksheets by listing the old task order number in parenthesis.
- Ⓓ **Contract Company Name:** Please provide the name of the contracting company that will be providing the work under the task order. Please provide subcontractors in parenthesis.
- Ⓔ **Contractor POC Name & Phone:** Please provide the main point-of-contact for the contracting company and contact information. This person may be contacted to provide additional information or documents in the process. All communication with this individual will include the contracting officer and COTR.
- Ⓕ **Employee Name:** Please provide the full legal name of the individuals working on this task order. If the individual is working on multiple task orders, please list them again as our database tracks contract statistics.
- Ⓖ **SSN:** Please provide complete social security numbers for all individuals listed.
- Ⓗ **Email Address:** Please provide a valid email address for all individuals. This email address will be provided for EQIP communication.
- Ⓘ **DOB:** Please provide date of birth for all individuals listed.
- Ⓙ **Place of Birth:** Please provide place of birth for all individuals listed, including city, state and country. For foreign-born individuals, please provide proof of citizenship.