



**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<br>(Full Legal Name) | SSN | Email Address | D.O.B. | Place of Birth<br>(City, State/Country) |
|                                    |     |               |        |   |
|                                    |     |               |        |   |
|                                    |     |               |        |   |
|                                    |     |               |        |   |
|                                    |     |               |        |   |
|                                    |     |               |        |   |
|                                    |     |               |        |   |

**\*Please use Supplemental Form 1b for additional individuals**

*Revised Form August 2011*



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

## **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**



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

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



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

**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: \_\_\_\_\_

| Ⓕ<br>Employee Name<br>(Full Legal Name) | Ⓖ<br>SSN | Ⓗ<br>Email Address | Ⓘ<br>D.O.B. | Ⓣ<br>Place of Birth<br>(City, State/Country) |
|---|----------|--------------------|-------------|--|
|   |          |                    |             |  |
|   |          |                    |             |  |
|   |          |                    |             |  |
|   |          |                    |             |  |
|   |          |                    |             |  |
|   |          |                    |             |  |
|   |          |                    |             |  |
|   |          |                    |             |  |
|   |          |                    |             |  |
|   |          |                    |             |  |
|   |          |                    |             |  |
|   |          |                    |             |  |
|   |          |                    |             |  |
|   |          |                    |             |  |
|   |          |                    |             |  |
|   |          |                    |             |  |
|   |          |                    |             |  |
|   |          |                    |             |  |