VBA Contractor Background Investigation Request Worksheet

ALL FIELDS ON THIS FORM ARE MANDATORY INCLUDING APPLICANT EMAIL

Where Applicant Will Work			City, State, Station #
Station to be Billed for Clearance	Washington, DC #101		
□ Nev	w 🗆 Transfer	\square Addition	
Please provide the following information for each contract employee:			
Applicant's Full Name	First Name, Middle Nan	ne (or NMN), Last Name	
Social Security Number			
Date of Birth			
Email			
Place of Birth			
	City, State, Country		
Position/Job Title			
Does applicant have a clearance pending or completed with OPM?	YES	NO	
Type of Investigation Requested	BI (High Risk)	_ MBI (Moderate Risk)	NACI (Low Risk)
Is applicant a foreign national?	YES	NO	
VA Contracting Officer Representative (COR)			
VA COR Telephone Number			
COR's Mail Routing Symbol			
VA COR Email			
Address			
City, State, Zip			
Prime Contracting Company Name			
Prime Contracting Company POC			
POC Telephone			
POC Email			
Address			
City, State, Zip			
Contract Title			
Purchase Order Number (Ex: J37243)			

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