



**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**

Ⓞ 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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**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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**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: \_\_\_\_\_

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