



**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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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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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.	⓰ Place of Birth (City, State/Country)