



**Department of Veterans Affairs  
VHA Service Center Personnel Security  
6100 Oak Tree Blvd #500  
Independence, OH 44131  
VSCSecurity@va.gov**

## VHA SERVICE CENTER PIV SPONSORSHIP FORM #3

(Please see Instruction Form #3a for assistance in completing this form)

### CONTRACTOR / EMPLOYEE INFORMATION

**\* All fields are mandatory except va.gov email \***

Ⓐ 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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