



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

**CONTRACT SECURITY SERVICES REQUEST - INSTRUCTIONAL FORM 1A**

Purpose: The Contract Security Services Request is submitted to VSC to initiate the contract security verification process. By submitting this form, our office will ensure that each individual listed have been fingerprinted, the fingerprints are adjudicated if necessary, background investigations are initiated or existing background investigations are current and PIV badges are managed and sponsored. This form should be completed and signed by the contracting officer. Please refer to the instructions below when completing the Contract Security Services Request Form #1.

- A Contracting Officer & Phone:** Please provide the post-award contracting officer handling this contract and their phone number.
- B COR (COTR) Name & Phone:** Please list the Contracting Officer Representative (previously the Contracting Officer Technical Representative) and phone number. The COR is the liaison between the contracting officer and contracted company.
- C Contract End Date:** Please list the date in which the contract ends including all options to extend (for PIV badge expiration).
- D SAO Region:** Please list the Service Area Office in which the contracting officer is associated with (East, West or Central).
- E Task Order Number:** Please list the task order number (VA000-C00000). Our database is based on tracking contracts by station. Should the task order number change at fiscal year end, please indicate on any future requests by listing the old task order number in parenthesis next to the new task number.
- F Contractor Position Description:** Please provide a position title for all individuals (ex: physician, consultant, electrician).
- G Investigation Level:** Please indicate the background security requirements as provided by the PDAT (Position Description Automated Tool). This would include background screening (SAC), low-level investigation (NACI), moderate-level investigation (MBI) and high-level investigation (BI). Please note that non-PIV badges (contract under 180-days) require at minimum a SAC, full PIV badges (over 180-days) require at minimum a NACI.
- H Contract Company Name:** Please provide the name of the contracting company that will be providing the work under the task order. Please provide subcontractors in parenthesis.
- I Contractor Address:** Please provide the contracting company address. This information is required for the Little Rock SIC investigation request.
- J Contractor POC Name & Phone:** Please provide the main point-of-contact for the contracting company and contact information. This person may be contacted to provide additional information or documents in the process. All communication with this individual will include the contracting officer and COTR.
- K Contractor POC Email:** Please provide the email address for the above mentioned point-of-contact. This email will be included in the investigation request submitted to Little Rock SIC.
- L Contracting Officer Signature:** All requests must be signed by the contracting officer/specialist. This signature verifies that an official contract is in place prior to processing the applicants for investigation and badging.
- M Station Number:** Please indicate the facility station number where the work is being performed/facility to be billed.
- N Network Access:** Please indicate whether the individuals will be obtaining network access.
- O Employee Name:** Please provide the full **legal** name of the individuals working on this task order.
- P SSN:** Please provide complete social security numbers for all individuals listed.
- Q Email Address:** Please provide a valid email address for all individuals.
- R DOB:** Please provide date of birth for all individuals listed.
- S Place of Birth:** Please provide place of birth for all individuals listed, including **city, state** and country (if outside US). For foreign-born individuals, please provide proof of citizenship.



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**CONTRACT SECURITY SERVICES REQUEST FORM #1A**

(Please see Instructional Form 1a for assistance in completing this form)

- New Request                       Addition

**CONTRACTOR INFORMATION**

Ⓐ VA Contracting Officer Name & Phone: \_\_\_\_\_  
 Ⓑ COTR Name & Phone: \_\_\_\_\_  
 Ⓒ Contract End Date (**Including Options**): \_\_\_\_\_  
 Ⓓ SAO Region (East/West/Central): \_\_\_\_\_  
 Ⓔ Purchase/Task Order Number: \_\_\_\_\_  
 Ⓕ Contractor Position Description: \_\_\_\_\_ Ⓜ Station #: \_\_\_\_\_  
 Ⓖ Investigation Level (SAC/Low/Moderate/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 FINGERPRINT REQUEST INSTRUCTIONAL FORM 2A

Purpose: The Contractor/Employee Fingerprint Request is to assist individuals in obtaining fingerprinting services from VA Facilities nationwide, on behalf of the VSC. This form is required by Little Rock SIC before a request for investigation can be submitted.

- Ⓐ **Full Legal Name:** Please provide full **legal** name of individual requiring fingerprints.
- Ⓑ **SSN Last Four:** Please provide the last four of the individual's social security number.
- Ⓒ **Contractor (Yes/No):** Please indicate whether the individual is a contractor. Contracted employees are considered contractors.
- Ⓓ **VAMC Location:** Please provide the name and location of the VA Facility where the fingerprints were submitted.
- Ⓔ **Station Number:** Please provide the station number of the VA Facility where the fingerprints were submitted.
- Ⓕ **Date Fingerprinted:** Please provide the date that the fingerprints were submitted at the VA Facility.
- Ⓖ **Method of Fingerprinting:** Please indicate whether the fingerprints were submitted electronically or if manual fingerprints were submitted with ink and fingerprint card.
- Ⓗ **Date Card Mail to OPM:** If fingerprints were submitted manually, please provide the date the card was mailed to

**IMPORTANT NOTE:**

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. Delivery confirmation is recommended.

OPM Rapid Response Team / OPM-FIPC  
 1137 Branchton Rd  
 Boyers, PA 16020

**\*All fields on the fingerprint card MUST be completed or the card will be destroyed.**

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME <b>NAM</b>		FIRST NAME		MIDDLE NAME			
APPLICANT SIGNATURE		LAST NAME		FIRST NAME		MIDDLE			
RESIDENCE OF PERSON FINGERPRINTED		ALIASES <b>AKA</b>		O R I		SON: VA08 SOI: 955C IPAC/OPAC: 3600.1200		DATE OF BIRTH <b>DOB</b> Month Day Year	
APPLICANT COMPLETE ADDRESS		CITIZENSHIP <b>CTZ</b>		SEX		RACE		HGT.	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP		WGT.		EYES	
DATE		SIGNATURE OF OFFICIAL		YOUR NO. <b>OCA</b>		HAIR		PLACE OF BIRTH <b>POB</b>	
EMPLOYER AND ADDRESS		FBI NO. <b>EBI</b>		LEAVE BLANK					
EMPLOYER COMPLETE ADDRESS		ARMED FORCES NO. <b>MNU</b>		CLASS					
REASON FINGERPRINTED		SOCIAL SECURITY NO. <b>SOC</b>		REF.					
SON: VA08 SOI: 955C IPAC/OPAC: 3600.1200		SOC SEC #							
		MISCELLANEOUS NO. <b>MNU</b>							



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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)

**\*\* This form must be taken to the fingerprinting appointment \*\***

### 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, return this completed form to your CO/COR for submission to VSC**

**\*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, with this form. All fields on the fingerprint card MUST be completed. Please refer to Instructional Form #2a for an example of a completed fingerprint card. OPM will destroy all cards with incomplete fields. Delivery confirmation is recommended.**

OPM Rapid Response Team / OPM-FIPC  
1137 Branchton Rd  
Boyers, PA 16020



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**PIV SPONSORSHIP INSTRUCTIONAL FORM 3A**

Purpose: The PIV Sponsorship Form is used to complete the PIV badge application through the nationwide portal. All information is required to process a PIV badge. All fields are mandatory except the VA.GOV email address.

- Ⓐ **Full Legal Name:** Please provide full legal name of individual as shown on driver's license or photo ID.
- Ⓑ **Date of Birth:** Please provide the date of birth of the individual.
- Ⓒ **Social Security Number:** Please provide the social security number of the individual.
- Ⓓ **Citizenship:** Please provide the citizenship of the individual. All foreign-born individuals will be required to submit proof of citizenship.
- Ⓔ **Assigned Duty Station:** Please provide the name of the individual's assigned duty station.
- Ⓕ **Address of Assigned Duty Station:** Please provide the complete address of the assigned duty station.
- Ⓖ **VA.GOV Email Address:** Please provide the va.gov email address of the individual. If the individual has not had the email address established, or will not be obtaining an email address, please indicate pending or not applicable.
- Ⓗ **Gender:** Please provide gender of individual.
- Ⓘ **Race:** Please provide race of individual.
- Ⓝ **Height:** Please provide height of individual.
- Ⓚ **Weight:** Please provide weight of individual.
- Ⓛ **Eye Color:** Please provide eye color of individual.
- Ⓜ **Hair Color:** Please provide hair color of individual.
- Ⓝ **Place of Birth:** Please provide city, state and country of individual's place of birth. All foreign-born individuals will be required to provide proof of citizenship.
- Ⓞ **Position Title:** Please provide position title of individual.
- Ⓟ **Contractor Company Name:** Please provide the contracting company that the individual will be working under. If the individual is a VA employee, please indicate not applicable.
- Ⓠ **Contracting Company Address:** Please provide the contracting company address. If the individual is a VA employee, please indicate not applicable.



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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**

\* 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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**CONTRACT SECURITY VERIFICATION REQUEST SUPPLEMENTAL FORM #1B**

(This form is used only when extra space is needed for large rosters.)

(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: \_\_\_\_\_

Ⓕ <b>Employee Name (Full Legal Name)</b>	Ⓖ <b>SSN</b>	Ⓗ <b>Email Address</b>	Ⓙ <b>D.O.B.</b>	⓵ <b>Place of Birth (City, State/Country)</b>



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## **SECURITY VERIFICATION CONTINUATION INSTRUCTIONAL FORM 1B**

(This form is used only when extra space is needed for large rosters.)

- Ⓐ **Contracting Officer Name & Phone:** Please list the post-award contracting officer or specialist handling this task order and phone number.
- Ⓑ **COTR Name & Phone:** Please list the Contracting Officer Technical Representative and phone number. The COTR is the liaison between the contracting officer and contracted company.
- Ⓒ **Task Order Number:** Please list the task order number (VA000-C00000). Our database is based on tracking contracts by station. Should the task order number change at fiscal year end, please indicate this on any future request worksheets by listing the old task order number in parenthesis.
- Ⓓ **Contract Company Name:** Please provide the name of the contracting company that will be providing the work under the task order. Please provide subcontractors in parenthesis.
- Ⓔ **Contractor POC Name & Phone:** Please provide the main point-of-contact for the contracting company and contact information. This person may be contacted to provide additional information or documents in the process. All communication with this individual will include the contracting officer and COTR.
- Ⓕ **Employee Name:** Please provide the full legal name of the individuals working on this task order. If the individual is working on multiple task orders, please list them again as our database tracks contract statistics.
- Ⓖ **SSN:** Please provide complete social security numbers for all individuals listed.
- Ⓗ **Email Address:** Please provide a valid email address for all individuals. This email address will be provided for EQIP communication.
- Ⓘ **DOB:** Please provide date of birth for all individuals listed.
- Ⓙ **Place of Birth:** Please provide place of birth for all individuals listed, including city, state and country. For foreign-born individuals, please provide proof of citizenship.





DEPARTMENT OF VETERANS AFFAIRS  
SECURITY AND INVESTIGATIONS CENTER

## Self Certification of Continuous Service

I hereby certify my break in service from my last federal employment is indicated by the block checked below.

**Federal employment** is defined as any branch of the United States military (Active, Guard or Reserve), federal government civilian employee (any federal government agency), or a contractor working for the federal government.

(Check One)

- I have NOT had a break in service.
- My break in service was less than 60 days.
- My break in service was greater than 60 days, but less than 2 years. (You are required to submit the OF 306, Declaration for Federal Employment, with this form.)
- My break in service is greater than 2 years or; I have never had employment through the federal government.

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Social Security Number:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

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VA Personnel Security/HR Use Only:

\_\_\_\_\_  
Current Investigation in PIPS:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Risk level of current position:

\_\_\_\_\_  
Verified by: