



Current Date:

**Contractor  
Background Investigation Request**

**VA Organization Billing Information**

VA Organization <input style="width: 80%;" type="text"/>	Station # <input style="width: 80%;" type="text"/>
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<b>Individual Information</b>	SSN <input style="width: 150px;" type="text"/>	Gender <input style="width: 50px;" type="text"/>	Date of Birth <input style="width: 80px;" type="text"/>
	Last Name <input style="width: 150px;" type="text"/>	City of Birth <input style="width: 150px;" type="text"/>	
	First Name <input style="width: 150px;" type="text"/>	State of Birth <input style="width: 80px;" type="text"/>	<i>Leave blank if foreign born.</i>
	Middle Name <input style="width: 150px;" type="text"/>	Country of Birth <input style="width: 150px;" type="text"/>	
	Email Address <input style="width: 150px;" type="text"/>	Country of Citizenship <input style="width: 150px;" type="text"/>	
	Investigation <input style="width: 150px;" type="text" value="Select One..."/>	Position Title <input style="width: 150px;" type="text"/>	
	<i>Additional options may be presented after an investigation is selected.</i>		

<b>Company Information</b>	Contractor Company <input style="width: 150px;" type="text"/>	Company POC <input style="width: 150px;" type="text"/>
	POC Phone Number <input style="width: 100px;" type="text"/>	POC Email Address <input style="width: 150px;" type="text"/>
	POC Address 1 <input style="width: 150px;" type="text"/>	City <input style="width: 150px;" type="text"/>
	Address 2 <input style="width: 150px;" type="text"/>	State <input style="width: 80px;" type="text"/> Zip <input style="width: 80px;" type="text"/>

<b>CO / COR</b>	Name of CO / COR <input style="width: 150px;" type="text"/>	CO / COR Phone Number <input style="width: 100px;" type="text"/>
	CO / COR Email <input style="width: 150px;" type="text"/>	CO / COR Station # <input style="width: 100px;" type="text"/>
	CO / COR Address 1 <input style="width: 150px;" type="text"/>	City <input style="width: 150px;" type="text"/>
	CO / COR Address 2 <input style="width: 150px;" type="text"/>	State <input style="width: 80px;" type="text"/> Zip <input style="width: 80px;" type="text"/>