



**Contractor**  
**Background Investigation Request**

**VA Organization Billing Information**

VA Organization  Station #

**Individual Information**

SSN  Gender  Date of Birth

Last Name  City of Birth

First Name  State of Birth  *Leave blank if foreign born.*

Middle Name  Country of Birth

Email Address  Country of Citizenship

Investigation  Position Title

*Additional options may be presented after an investigation is selected.*

**Company Information**

Contractor Company  Task Order Number

Company POC  POC Email Address

POC Address  City

State  Zip  Phone Number

**CO / COR**

Name of CO / COR  CO / COR Phone Number

CO / COR Email

CO / COR Address 1  City

CO / COR Address 2  State  Zip