

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420



VHA Procurement and Logistics
Standard Operating Procedure
February 25, 2011

Department of Veterans Affairs
VHA Service Center
6100 Oak Tree Blvd #500
Independence, OH 44131
216-447-8010

Background Investigation Request Worksheet

The Contractor is responsible for updating the background investigation form as personnel are added to the order. The Contractor must submit the updated form to the Contracting Officer within five business days of the date to begin work.

Contractor Information

Contracting Officer/Contracting Specialist:

Telephone:

Station/VISN Number:

SAO Region (**East/Central/West**):

Purchase Order Number:

Risk Level (Low/Medium/High): Contractor

Name (Sub in parentheses): Prime

Contractor POC Name & Phone: Prime

Contractor POC Email:

Prime Contractor Address:

Contractor Employee Information

(Date and Place of Birth are required to cross check clearances issued by other departments/agencies.)

Employee Name	SSN	Employee Home Address	D.O.B.	Place of Birth	Previous Investigations <u>Yes/No/Date</u>

Form #1

Security SOP
Original Date: 2/25/11

2011



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VHA Service Center Contractor PIV Sponsorship Form

Employee Information

Name (First Middle Last):

Social Security Number:

Date of Birth (MM/DD/YYYY):

Gender (M/F):

Race:

Eye Color:

Hair Color:

Height & Weight:

Citizenship: (US,
Naturalized or Non-Citizen Status)

Place of Birth (City, State, Country):

Home Address:

Job Title:

Contractor Company Name: Company

Address:

Form #2

Security SOP Original Date: 2/25/11

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VHA Special Agreement Checks (SAC) Memorandum

FINGERPRINTS MUST BE COMPLETED WITHIN FIVE (5) BUSINESS DAYS AFTER NOTICE OF AWARD

Employee Information (please print)

Name (First Middle Last):

Social Security Number: Contractor

(yes/no):

VA Security Specialist Use Only

SON: 955C / SOI: VA08

Federal Agency Name:

VISN Number:

Station Number:

Date Fingerprinted:

Method of Fingerprinting:

Electronically

After fingerprints are captured, fax this completed document to:

**VHA Service Center (VSC)
Personnel Security Office
Fax# 216-447-8020**

Form #3

Security SOP Original
Date: 2/25/11

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VHA Security Center PIV Credentials Turn-In Inventory Report

(attach additional sheets as required)

Contractor Information

Contractor POC Name & Phone:

Contractor Employee Information

Employee Name	Company Name	VA Turn-In Location	Turn-In Date

Site Manager/COTR Signature & Date:

Site Manager/COTR Name (printed):

Form #4

Security SOP Original
Date: 2/25/11