



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

## PIV SPONSORSHIP FORM

### CONTRACTOR EMPLOYEE INFORMATION

\* All fields are mandatory \*

*A* Full Legal Name (First Middle Last):

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*B* Date of Birth (MM/DD/YYYY):

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*C* Social Security Number:

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*D* Citizenship:

(US Citizen, Naturalized, Non-Citizen)

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*E* Gender:

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*F* Race:

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*G* Height:

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*H* Weight:

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*I* Eye Color:

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*J* Hair Color:

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*K* Place of Birth (City, State, Country):

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*L* Phone Number:

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*M* Title of Contract:

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*N* Prime Contractor:

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*O* Position Title:

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*P* Contractor Company Name:

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*Q* Company Address:

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