



Department of Veterans Affairs

## PIV Sponsorship Worksheet

### 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 & Contract

---

Company Address:

---

Company Phone Number:

---

Upon completion of this form, please return via securely encrypted email to [Kelly.Nussbaum@va.gov](mailto:Kelly.Nussbaum@va.gov), or deliver to the VA Health Care System, Contracting Office in Building 16, 2501 W 22nd Street, Sioux Falls, SD 57105. Please call Kelly at 605-336-3203 x7804 with any questions or concerns.