



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

**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**