



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

**CONTRACT SECURITY SERVICES REQUEST FORM #1A**

(Please see Instructional Form 1a for assistance in completing this form)

☐ New Request ☒ Addition

**CONTRACTOR INFORMATION**

① VA Contracting Officer Name & Phone: RICO JOHNSON (916) 923-4513  
② COTR Name & Phone: MATT PECHMAN (650) 493-5000 x61722  
③ Contract End Date (Including Options): Sept. 29 2020  
④ SAO Region (East/West/Central): WEST  
⑤ Purchase/Task Order Number: VA261-15-F-3039  
⑥ Contractor Position Description: [REDACTED] ⑧ Station #: 640  
⑨ Investigation Level (SAC/Low/Moderate/High): LOW ⑩ Network Access (Y/N): Email & OFPO DMCS  
⑪ Contract Company Name (Subcontractor): PARSONS BRINCKERHOFF  
⑫ Contract Company Address: APSI CONSTRUCTION, HBMT, 3815 Research Dr, Irvine, CA 92618  
⑬ Contractor POC Name & Phone: BRUCE RICH  
⑭ Contractor POC Email: ASHOK.APTE@APSI.COM  
⑮ Contracting Officer Signature: [REDACTED]

\*\*\*This signature verifies that an official contract is in place prior to processing the applicants for badging\*\*\*

**CONTRACTOR EMPLOYEE INFORMATION**

① Employee Name (Full Legal Name)	② SSN	③ Email Address	④ D.O.B.	⑤ Place of Birth (City, State/Country)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

\*Please use Supplemental Form 1b for additional individuals



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**CONTRACTOR / EMPLOYEE FINGERPRINT REQUEST INSTRUCTIONAL FORM 2A**

Purpose: The Contractor/Employee Fingerprint Request is to assist individuals in obtaining fingerprinting services from VA Facilities nationwide, on behalf of the VSC. This form is required by Little Rock SIC before a request for investigation can be submitted.

- Ⓐ **Full Legal Name:** Please provide full **legal** name of individual requiring fingerprints.
- Ⓑ **SSN Last Four:** Please provide the last four of the individual's social security number.
- Ⓒ **Contractor (Yes/No):** Please Indicate whether the individual is a contractor. Contracted employees are considered contractors.
- Ⓓ **VAMC Location:** Please provide the name and location of the VA Facility where the fingerprints were submitted.
- Ⓔ **Station Number:** Please provide the station number of the VA Facility where the fingerprints were submitted.
- Ⓕ **Date Fingerprinted:** Please provide the date that the fingerprints were submitted at the VA Facility.
- Ⓖ **Method of Fingerprinting:** Please indicate whether the fingerprints were submitted electronically or If manual fingerprints were submitted with Ink and fingerprint card.
- Ⓗ **Date Card Mail to OPM:** If fingerprints were submitted manually, please provide the date the card was mailed to

**IMPORTANT NOTE:**

If fingerprints are manually taken, please ensure the FD-258 Fingerprint Card is used and that it is mailed directly to OPM at the address below. Delivery confirmation is recommended.

OPM Rapid Response Team / OPM-FIPC  
1137 Branchton Rd  
Boyers, PA 16020

**\*All fields on the fingerprint card MUST be completed or the card will be destroyed.**

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK			LEAVE BLANK	
				LAST NAME	FIRST NAME	MIDDLE		
SIGNATURE OF PERSON FINGERPRINTED		APPLICANT SIGNATURE		CITIZENSHIP		SON: VA08 SOI: 955C IPAC/OPAC: 3600.1200		DATE OF BIRTH: DOB
FULL ADDRESS OF PERSON FINGERPRINTED		APPLICANT COMPLETE ADDRESS		CITIZENSHIP		DATE OF BIRTH: DOB		DATE OF BIRTH: DOB
DATE		SIGNATURE OF OFFICIAL		CITIZENSHIP		DATE OF BIRTH: DOB		DATE OF BIRTH: DOB
EMPLOYER AND ADDRESS		EMPLOYER COMPLETE ADDRESS		CITIZENSHIP		DATE OF BIRTH: DOB		DATE OF BIRTH: DOB
REASON FOR REQUEST		REASON FOR REQUEST		CITIZENSHIP		DATE OF BIRTH: DOB		DATE OF BIRTH: DOB
SON: VA08 SOI: 955C IPAC/OPAC: 3600.1200		SON: VA08 SOI: 955C IPAC/OPAC: 3600.1200		CITIZENSHIP		DATE OF BIRTH: DOB		DATE OF BIRTH: DOB



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**CONTRACTOR/EMPLOYEE FINGERPRINTING REQUEST FORM #2**

SON: 955C / SOI: VA08 IPAC/OPAC: 3600.1200

(Please see Instructional Form #2a for assistance in completing this form)

**\*\* This form must be taken to the fingerprinting appointment \*\***

**EMPLOYEE INFORMATION (PLEASE PRINT)**

Ⓐ Full Legal Name (First Middle Last):

Ⓑ SSN Last Four:

Ⓒ Contractor (Yes/No):

YES

**FACILITY INFORMATION**

Ⓓ VAMC Name & Location:

VA PALO ALTO, 3801 MIRANDA AVE (720), PALO ALTO, CA

Ⓔ Station Number:

640

91304-1220

Ⓕ Date Fingerprinted:

Ⓖ Method of Fingerprinting:

Electronically / Manually

Ⓖ Date Card Mailed to OPM\*:

**After fingerprints are captured, return this completed form to your CO/COR for submission to VSC**

**\*If fingerprints are manually taken, please ensure the FD-258 Fingerprint Card is used and that it is mailed directly to OPM at the address below, with this form. All fields on the fingerprint card MUST be completed. Please refer to Instructional Form #2a for an example of a completed fingerprint card. OPM will destroy all cards with incomplete fields. Delivery confirmation is recommended.**

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**PIV SPONSORSHIP INSTRUCTIONAL FORM 3A**

Purpose: The PIV Sponsorship Form is used to complete the PIV badge application through the nationwide portal. All information is required to process a PIV badge. All fields are mandatory except the VA.GOV email address.

- Ⓐ **Full Legal Name:** Please provide full legal name of individual as shown on driver's license or photo ID.
- Ⓑ **Date of Birth:** Please provide the date of birth of the individual.
- Ⓒ **Social Security Number:** Please provide the social security number of the individual.
- Ⓓ **Citizenship:** Please provide the citizenship of the individual. All foreign-born individuals will be required to submit proof of citizenship.
- Ⓔ **Assigned Duty Station:** Please provide the name of the individual's assigned duty station.
- Ⓕ **Address of Assigned Duty Station:** Please provide the complete address of the assigned duty station.
- Ⓖ **VA.GOV Email Address:** Please provide the va.gov email address of the individual. If the individual has not had the email address established, or will not be obtaining an email address, please indicate pending or not applicable.
- Ⓗ **Gender:** Please provide gender of individual.
- Ⓘ **Race:** Please provide race of individual.
- Ⓝ **Height:** Please provide height of individual.
- Ⓚ **Weight:** Please provide weight of individual.
- Ⓛ **Eye Color:** Please provide eye color of individual.
- Ⓜ **Hair Color:** Please provide hair color of individual.
- Ⓝ **Place of Birth:** Please provide city, state and country of individual's place of birth. All foreign-born individuals will be required to provide proof of citizenship.
- Ⓞ **Position Title:** Please provide position title of individual.
- Ⓟ **Contractor Company Name:** Please provide the contracting company that the individual will be working under. If the individual is a VA employee, please indicate not applicable.
- Ⓢ **Contracting Company Address:** Please provide the contracting company address. If the individual is a VA employee, please indicate not applicable.



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### VHA SERVICE CENTER PIV SPONSORSHIP FORM #3

(Please see Instruction Form #3a for assistance in completing this form)

#### CONTRACTOR / EMPLOYEE INFORMATION

\* All fields are mandatory except va.gov email \*

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

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

(C) Social Security Number:

(D) Citizenship:

US

(US Citizen) Naturalized, Non-Citizen

(E) Assigned Duty Station:

9K10 ALTO (640)

(F) Address of Assigned Duty Station:

3861 Miranda Ave., Palo Alto, CA

(G) VA.GOV Email Address:

(H) Gender:

(I) Race:

(J) Height:

(K) Weight:

(L) Eye Color:

(M) Hair Color:

(N) Place of Birth (City, State, Country):

(O) Position Title:

ENGINEERING TECH/CAD OPERATOR III

(P) Contractor Company Name:

PARSONS BRINCKERHOFF

(Q) Company Address:

2150 RIVER PLAZA DRIVE SUITE 400  
SACRAMENTO, CA 95833



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**CONTRACT SECURITY VERIFICATION REQUEST SUPPLEMENTAL FORM #1B**

(This form is used only when extra space is needed for large rosters.)

(Please reference Instructional Form #1b for assistance in completing this form)

Ⓐ Contracting Officer Name & Phone:

1 RICO JOHNSON (916) 923-4513

Ⓑ COTR Name & Phone:

2 MATT PECHMAN (650) 493-5000 x61722

Ⓒ Task Order Number:

3 VA261-15-F-3039

Ⓓ Contract Company Name (Subcontractor):

4 APSI (PRIME), Parsons Brinckerhoff (PB) Sub

Ⓔ Contractor POC Name & Phone:

5 ASHOK. ARTE @APSI.COM  
(949) 679.0202 ext. 111 Contractor

Ⓔ	Ⓓ	Ⓒ	Ⓗ	Ⓘ
Employee Name (Full Legal Name)	SSN	Email Address	D.O.B.	Place of Birth (City, State/Country)
6 [REDACTED]				
7	22	37	52	67
8	23	38	53	68
9	24	39	54	69
10	25	40	55	70
11	26	41	56	71
12	27	42	57	72
13	28	43	58	73
14	29	44	59	74
15	30	45	60	75
16	31	46	61	76
17	32	47	62	77
18	33	48	63	78
19	34	49	64	79
20	35	50	65	80



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**SECURITY VERIFICATION CONTINUATION**

**INSTRUCTIONAL FORM 1B**

(This form is used only when extra space is needed for large rosters.)

- Ⓐ **Contracting Officer Name & Phone:** Please list the post-award contracting officer or specialist handling this task order and phone number.
- Ⓑ **COTR Name & Phone:** Please list the Contracting Officer Technical Representative and phone number. The COTR is the liaison between the contracting officer and contracted company.
- Ⓒ **Task Order Number:** Please list the task order number (VA000-C00000). Our database is based on tracking contracts by station. Should the task order number change at fiscal year end, please indicate this on any future request worksheets by listing the old task order number in parenthesis.
- Ⓓ **Contract Company Name:** Please provide the name of the contracting company that will be providing the work under the task order. Please provide subcontractors in parenthesis.
- Ⓔ **Contractor POC Name & Phone:** Please provide the main point-of-contact for the contracting company and contact information. This person may be contacted to provide additional information or documents in the process. All communication with this individual will include the contracting officer and COTR.
- Ⓕ **Employee Name:** Please provide the full legal name of the individuals working on this task order. If the individual is working on multiple task orders, please list them again as our database tracks contract statistics.
- Ⓖ **SSN:** Please provide complete social security numbers for all individuals listed.
- Ⓗ **Email Address:** Please provide a valid email address for all individuals. This email address will be provided for EQIP communication.
- Ⓘ **DOB:** Please provide date of birth for all individuals listed.
- Ⓙ **Place of Birth:** Please provide place of birth for all individuals listed, including city, state and country. For foreign-born individuals, please provide proof of citizenship.