



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

## **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.

- A Full Legal Name:** Please provide full **legal** name of individual requiring fingerprints.
- B SSN Last Four:** Please provide the last four of the individual's social security number.
- C Contractor (Yes/No):** Please indicate whether the individual is a contractor. Contracted employees are considered contractors.
- D VAMC Location:** Please provide the name and location of the VA Facility where the fingerprints were submitted.
- E Station Number:** Please provide the station number of the VA Facility where the fingerprints were submitted.
- F Date Fingerprinted:** Please provide the date that the fingerprints were submitted at the VA Facility.
- G Method of Fingerprinting:** Please indicate whether the fingerprints were submitted electronically or if manual fingerprints were submitted with ink and fingerprint card.
- H 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 Fingerprinting/SAC Team**  
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 NAME	
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		OR		DATE OF BIRTH <u>DOB</u>	
APPLICANT SIGNATURE						Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CIT</u>		SEX <u>M</u> RACE <u>W</u> HGT <u>5'10"</u> WGT <u>180</u> EYES <u>B</u> HAIR <u>B</u>		PLACE OF BIRTH <u>POB</u>	
APPLICANT COMPLETE ADDRESS		CITIZENSHIP				Month Day Year	
DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. <u>OCA</u>		LEAVE BLANK			
DATE SIGNATURE OF OFFICIAL		FBI NO. <u>EB</u>					
EMPLOYER AND ADDRESS		ARMED FORCES NO. <u>MNU</u>		CLASS			
EMPLOYER COMPLETE ADDRESS		SOCIAL SECURITY NO. <u>SOC</u>		REF.			
REASON FINGERPRINTED		SOC SEC #					
SON: 955C SOI:VA08		MISCELLANEOUS NO. <u>MNU</u>					
IPAC/OPAC: 3600.1200							



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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)

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

B SSN Last Four: \_\_\_\_\_

C Contractor (Yes/No): \_\_\_\_\_

### FACILITY INFORMATION

D VAMC Name & Location: \_\_\_\_\_

E Station Number: \_\_\_\_\_

F Date Fingerprinted: \_\_\_\_\_

G Method of Fingerprinting: Electronically / Manually **\*\*Manual Prints will delay the prescreening\*\***

H 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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