

Steps for a Contractor to Get a NOAA Badge and Common Access Card (CAC)

Instructions for Contractor & Task Manager/Sponsor

NOTE: You may not report for work at the government site until your fingerprints have cleared (Step 5). Please refer to this document until you have received your Common Access Card (CAC).

STEPS PRIOR TO ONBOARDING

☐ **Step 1**

a. Complete PIV Training

- i. Link: <http://www.ossec.doc.gov/osy/HSPD-12/Applicant%20Training.html>
- ii. Read through procedure and then click link that says “click here”
- iii. Only complete items with red asterisks
- iv. For Current status with DOC, select “Prospective contractor for DOC” (unless already an employed contractor)
- v. For Duty Station, select your building location, or if remote, the building location you are supporting
- vi. For Bureau/Office, select “NOAA”
- vii. For PIV sponsor info type the following:
 - 1.Name: Obtain from your Task Order POC / Task Manager (TM)
 - 2.Email: Obtain from your Task Order POC or TM
 - 3.Phone: Obtain from your Task Order POC or TM

b. Record Applicant ID number to assist later with Step 2, part C

United States of America
Department of Commerce

Certificate of Completion



*Granted by the DOC Office of Security to
Your Name
to certify satisfactory completion of the
Personal Identification Verification (PIV)
Applicant Training Module
on Date*



PIV Applicant ID #: *****



This training certificate signifies successful completion of the required Personal Identification Verification (PIV) Applicant Training for Department of Commerce employees.

☐ Step 2

The following documents are to be completed electronically and returned to Task Manager/Sponsor.


ALL FORMS MUST BE TYPED

- a. **Security Coversheet / Request for Investigation Coversheet** (ALL Sections of the form **MUST** be completed—do not leave anything blank, unless otherwise stated. You may use “not applicable” or “n/a” as a response) **DO NOT SIGN OR DATE THIS FORM**

Completed by Contractor
Completed by Task Manager (TM) / Contracting Officer's Representative (COR)

U.S. Department of Commerce - Office of Security
Security Coversheet / Request for Investigation Coversheet

Date: _____



Status:	<input type="radio"/> Volunteer/Student <input type="radio"/> Federal Employee <input checked="" type="radio"/> Contractor <input type="radio"/> Foreign National *(See Note 3)								
Bureau / Line Office									
Legal Name (First, Middle, Last)									
Other Names Used (example: Maiden Name)									
Social Security Number	Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (MM/DD/YYYY)							
Place of Birth (City, State, Country)									
Country of Citizenship	Dual Citizenship								
Subject's Email Address									
Visa Number	Alien Registration Number								
Position Title									
Geographic Code (If Employee)	Nature of Action Code (If Employee)								
Duty Station (complete address)									
Start Date (EOD)	End Date								
Contract Company	Contract Number								
Supervisor / COR	Supervisor's / COR's Phone #								
HR/COR/Sponsor Email									
HR/COR/Sponsor Signature									
Previous Federal / DOC Work Dates									
Type of investigation (check one)	<input type="radio"/> Prints (less than 30 days) <input type="radio"/> ANACI <input type="radio"/> SAC (less than 179 days) <input type="radio"/> MBI <input type="radio"/> NACI <input type="radio"/> BI <input type="radio"/> CNACI <input type="radio"/> SSBI								
Position Sensitivity (check one)	<input type="radio"/> Low Risk <input type="radio"/> Noncritical-Sensitive <input type="radio"/> Moderate Risk <input type="radio"/> Critical-Sensitive <input type="radio"/> High Risk <input type="radio"/> Special-Sensitive								
Mandatory Financial Fields for Processing Background Investigations									
Treasury Account Symbol (TAS) *fill in all active fields	SP	ATA	AID	BPOA	EPOA	A	Main	Sub	Format C
Accounting Data	Organization code Project code								

- i. Link: <http://www.wrc.noaa.gov/wrso/forms/OSY%20Action%20Request.pdf>
- ii. Status: Contractor
- iii. Complete Dual Citizenship, Visa Number, and Alien Registration Number, if applicable (otherwise, enter N/A)
- iv. Position Title: Provide your Contractor or Subcontractor Position/Title (e.g., Consultant, Director)
- v. Geographic Code: Leave blank
- vi. Nature of Action Code: Leave blank
- vii. Duty Station: Your Duty Station is the building location and any associated identifier (e.g., SSMC3). If you are working remotely, list the building location that you are supporting.

- viii. Start Date: Provide your start date on the NOAA account
- ix. End Date: Provide end date on the NOAA account
- x. Contract Company: Your Company's name
- xi. Contract Number: This should be obtained from your on-site Task Manager or Program Manager
- xii. Supervisor and Supervisor's Phone: Enter your TM/COR/Sponsor Information
- xiii. Please do not sign in the locations specified for Sponsor/COR signatures, leave blank
- xiv. Include any previous DOC (Department of Commerce) assignments and Federal/DOC Work Dates, if applicable
- xv. Type of Investigation: Leave blank
- xvi. Position Sensitivity: Leave blank
- xvii. Treasury Account Symbol: Leave blank
- xviii. Organization Code: Leave blank
- xix. Project Code: Leave blank
- xx. If special access is required (e.g., locked office suite), indicate on the form

b. OF306, Declaration of Federal Employment, October 2011 version

- i. Link: <http://www.osec.doc.gov/osy/NOAA/Forms/of0306.pdf>
- ii. Read through all instructions and statements
- iii. Complete #1-17a
 - Provide full name
 - Indicate if "Initial only" or "No Middle Name"
 - Remember to sign and date
- iv. Also complete Fair Credit Reporting Form if answered 'Yes' to Question 13
Link:
<http://www.wrc.noaa.gov/wrso/forms/FAIR%20CREDIT%20REPORTING%20ACT%20OF%201970.pdf>

c. CD-591 Department of Commerce PIV Request

Completed by Contractor
Completed by Task Manager (TM) / Contracting Officer's Representative (COR)
Completed by Office of Security

Department of Commerce Personal Identity Verification (PIV) Request

A. PIV Request & Source Document Confirmation (To be completed by Sponsor)

1. Replacement card? ☐ No ☐ Yes 1a. Reason for Replacement _____
2. Background investigation completed ☐ No ☐ Yes Type/Date Completed _____ (If Yes, skip to Line 4 below)
3. Background investigation package complete? ☐ Yes (Required for new cards only)

Applicant Information

4. Type: ☐ Employee ☐ Contractor ☐ Affiliate/Guest/Other

5. Name (Last, First, Middle) _____
6. Applicant ID Number (from Training Certificate) _____
7. Position or Title _____
8. Organization _____
9. Work Phone _____ 10. Email _____

Sponsor Information

11. Sponsor ID Number _____
12. Name _____

I agree to sponsor the above Applicant for a PIV card and certify that the information is accurate to the best of my knowledge.

13. Sponsor Signature _____ 14. Date (mm/dd/yyyy) ____/____/____

B. Identity-Proofing (To be completed by Sponsor, Enrollment Official, or Registrar)

15. I-9 Form Attached? ☐ Yes
16. Copies of ID Source documents attached? ☐ Yes
17. Did Applicant present two forms of identification, one of which was a photo ID issued by a state or the Federal government? ☐ Yes

Identity Proofer Information (If Applicable)

18. Identity Proofer ID Number _____
19. Name _____

I certify that the above Applicant appeared before me and presented two ID source documents, which appeared to be genuine.

20. ID Proofer Signature _____ 21. Date (mm/dd/yyyy) ____/____/____
- Signed by Sponsor / Enrollment Official (circle one)

C. Card Approval (To be completed by Registrar, after Sections A & B are completed)

Based on NAC / NACI / FBI Fingerprint Check Results (Circle one)

22. Date Completed (mm/dd/yyyy) ____/____/____
23. Favorable? ☐ Yes ☐ No (If no, notify Sponsor for adjudication decision)
24. Comments _____

Registrar Information

25. Register ID Number _____
26. Name _____

I hereby ☐ Approve ☐ Disapprove issuance of a PIV card to the above-named Applicant.

27. Registrar Signature _____ 28. Date (mm/dd/yyyy) ____/____/____

D. Card Details (To be completed by Final Issuer after Section C has been completed)

29. Name on Card _____
30. Agency PIV Card Number _____
31. Card Expiration Date (mm/dd/yyyy) ____/____/____

Issuer Information

32. Issuer ID Number _____
33. Name _____

I acknowledge issuance of a PIV card to the Applicant identified above based on verification of the Applicant's identity and the above Registrar's issuance approval.

34. Issuer Signature _____ 35. Date (mm/dd/yyyy) ____/____/____

E. Applicant Acknowledgement (To be completed by Applicant, after Section D is completed)

I, the Applicant, confirm receipt of the PIV card identified above, verify that the information is accurate to the best of my knowledge, and agree to abide by all rules and responsibilities associated with this card.

36. Applicant Signature _____ 38. Date (mm/dd/yyyy) ____/____/____

Upon completion, return this form to the Registrar

- i. Link: <http://www.ossec.doc.gov/osy/NOAA/Forms/CD591.pdf>
- ii. Complete #1-10
 - Item 6: Complete using PIV ID from training in Step #1, part B
 - Item 7: Provide your contractor or subcontractor position/title
 - Item 9: Use personal phone number
- iii. Leave the following sections blank: #11-14, B, C, and D (to be completed by sponsor and/or security agent)
- iv. Complete Section E with signature and date

d. Scan Two (2) Forms of ID (All documents must be unexpired)

- i. **Acceptable Forms of Primary ID:** U.S. Passport, Driver's License, State-Issued Photo ID, Military ID, Military Dependent ID
- ii. **Acceptable Forms of Secondary ID:** U.S. Social Security Card, Birth Certificate (original or certified copy), Federal/State/Local Government Agency ID, Voter Registration Card
- iii. **If the address on your license is NOT your current address, please provide this information when submitting your documentation.**

☐ **Step 3**

Return all completed forms and copies of ID to your Contract's Task Lead/HR/COR/Sponsor for review and submission. Keep a copy of the forms for your records. **NOTE:** If emailing forms with personally identifiable information (PII), use only the Department of Commerce (DOC) Accellion secure file transfer tool; otherwise, hand deliver or fax.

☐ **Step 4**

The following documents will assist you in procuring your Badge. Upon completion, please return to your Task Manager.

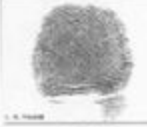
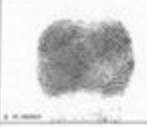

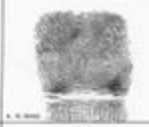



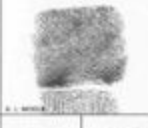





- a. **FD 258** (unless approved or instructed to be fingerprinted on-site at NOAA Badging Office, SSMC1, Room L101 in Silver Spring, MD, 7 a.m. to 4 p.m.)

Sample FBI Fingerprint Card

(The information may be typed or legibly printed)

This is an example of a properly completed FBI card. There should not be any marks in the categories above that are identified as "Leave Blank." Every other category **MUST** be completely filled out with the appropriate information.

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK	
Last Name: Teacher, Theresa C.		First Name: Theresa		Middle Name: C.		Date of Birth: 12/31/70		DOB: 12/31/70	
Address: 318 School Street Hometown, NY 11111		City: NY		State: NY		County: ALBANY, NY		Place of Birth: Ohio	
Date: 5/01/02		Signature: Leave Blank		Fingerprints: Leave Blank		Fingerprints: Leave Blank		Fingerprints: Leave Blank	
(If applicable) Smart Falls Central School Dist Smart Falls, NY 11111		Social Security No: 000-10-1111		Fingerprints: Leave Blank		Fingerprints: Leave Blank		Fingerprints: Leave Blank	
Leave Blank		Leave Blank		Leave Blank		Leave Blank		Leave Blank	

Do not make any stray marks or use a highlighter on the card.

Failure to complete the card properly will result in rejection of the card and a significant delay in processing.

- a. Fingerprint cards are sent to the Silver Spring office and run daily
 - b. If fingerprinted on-site in Silver Spring, the Contract Task Lead will coordinate for the Federal Task Manager or delegate/POC to provide an escort to NOAA Badging Office; make copies of all documents and you and your escort will walk over to the badging office with hardcopies
 - c. Email to TM/COR/POC stating "Fingerprint results for [name] have returned CLEAR" means you can begin work
 - d. A phone call to TM/COR/POC from a Security Specialist means there is an issue
 - e. Allow at least 7 days for fingerprints to clear
 - b. Completed PIV Training**
 - c. Security Coversheet / Request for Investigation Coversheet**
 - d. Form CD591**
 - e. Form OF306**
 - f. Fair Credit Reporting Form** (required if answered 'Yes' to Question 13 on OF306)
 - g. Form DD-254** (if required for higher level security clearances)
- Link: <http://www.dtic.mil/whs/directives/forms/eforms/dd0254.pdf>
- NOTE: DD-254 forms and requirements documents (PWS, SOW, SOO) for contracts requiring personnel with higher level security clearances must be approved by the DOC Office of Security**

STEPS AFTER ONBOARDING

☐ **Step 5**

Once fingerprints have cleared, the Contractor Task Lead will coordinate for the Federal Task Manager or delegate/POC to provide an escort to NOAA Badging Office to obtain a NOAA building access badge

- a. Receive all signed, hardcopy paperwork from Contractor Task Lead
- b. Bring your two forms of ID
- c. Visit NOAA Security Office with Federal Task Manager or delegate/POC
- d. When you obtain your NOAA Badge, send the expiration date to your Contractor Task Lead
- e. This will allow you access into the building but it is **NOT your CAC card**.
- f. NOAALink allows two building access badges (not CACs) for principals of each NOAALink core contractor

☐ **Step 6**

Once accepted and approved, you will receive an **e-QIP Questionnaire (e-QIP Request)** as initiated by the Security Office.

- a. Once your e-QIP is completed, you are required to send the following documents to Security:
 - i. **Certification Page**
 - ii. **Authorization for Release of Information**
 - iii. **Authorization for Release of Medical Information (if required)**

- iv. **Credit Release (if required)**
- v. **Selective Service Registration (if required)**
- b. In the event that you have previously completed a background check, please provide the following information to your HR/COR/Sponsor:
 - i. Name of last Federal Agency where you worked
 - ii. Last date (mm/dd/yy) of Federal employment or last day of Federal contract

☐ **Step 7**

CAC Appointment Scheduler

- a. Schedule CAC appointment via Rapids Scheduler
 - i. Rapids Link: <https://rapids-appointments.dmdc.osd.mil/>
- b. Select "Make Appointment" tab on top left

☐ **Step 8**

Complete **New Employee Technology Form**

- a. Link: http://nrc.iso.noaa.gov/documents/New_Employee_Technology_Form.pdf
- b. Work with Task Lead to identify any Government Furnished Equipment (GFE) needs
- c. Receive Task Manager signature on completed Form
- d. Provide electronic copy of signed form to the Contractor Task Lead
- e. Contractor Task lead must provide electronic copy to NOAA Service Desk

☐ **Step 9**

Set Up **NOAA Email Address** (required for a CAC to be issued)

- a. All of step 8 must be completed
- b. Respond to NOAA Service Desk when requested to call office to obtain email information
- c. Receive email ID and password
- d. Enter email ID and password at gmail.com
- e. Complete NOAA IT Security Awareness Training (take down completion number)
 - i. **Must complete within two (2) days** of establishing NOAA email account
- f. Send IT Security Awareness completion number to Contractor Task Lead

☐ **Step 10**

CAC Card Login Information

- a. All of step 9 must be completed
- b. Create Accellion account using NOAA email
 - i. Accellion Link: <https://sft2.doc.gov/courier/web/1000@/wmLogin.html>
- c. Receive CAC application via Accellion account
- d. **Complete CAC application within seven (7) days**; if application is NOT completed within seven (7) days, it will expire

☐ **Step 11**

CAC Appointment

- a. Attend appointment to receive CAC