



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

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.**

OPM Fingerprinting/SAC Team
1137 Branchton Rd
Boyers, PA 16020