



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

VBA PIV SPONSORSHIP FORM

CONTRACTOR INFORMATION

____ New Card (I have never been issued a PIV Card before)

____ Reissue (Previous card expired, lost, name changed, changed company, etc.)

Full Legal Name

(First Name, Middle Name, Last Name)

Date of Birth (MM/DD/YYYY)

____ Social Security Number

Citizenship

____ US Citizen, Naturalized, Non-Citizen

Assigned Duty Station

101

Address of Duty Station

1800 G ST NW

WASHINGTON, DC 20006

Work Telephone Number

Job/Position Title

va.gov Email Address

(Mandatory for Logical Access)

Contractor Company Name

Contract End Date

Access Required

Both

Physical, Logical, Both

Contracting Officer

Representative

Angie Gillespie

COR's Office/Department

VBA Compensation Services

Gender

Race

Height

Weight

Eye Color

Hair Color

Place of Birth

City and State OR City and Country