



REQUEST FOR PERSONAL IDENTITY VERIFICATION CARD

PRIVACY ACT STATEMENT: VA is authorized to ask for the information requested on this form by Homeland Security Presidential Directive (HSPD)-12, and 31 USC 7701. The information and biometrics collected, collected as part of the Federal identity-proofing program under HSPD-12 are used to verify the personal identity of VA applicants for employment, employees, contractors, and affiliates (such as students, WOC employees, and others) prior to issuing a Department identification credential. The credentials themselves are to be used to authenticate electronic access requests from VA employees, contractors, and affiliates issued a Department identification credential to gain access to VA facilities and networks (where available) through digital access control systems, as well as to other federal government agency facilities and systems where permitted by law. The information collected on this form is protected by the Privacy Act, 5 USC Section 552(a) and maintained under the authority of 38 USC Section 501 and 38 USC Sections 901-905 in VA system of records "Police and Security Records-VA (103VA07B)". VA may make a "routine use" disclosure of the information in this system of records for the routine uses listed in this system of records, including: civil or criminal law enforcement, constituent congressional communications initiated at your request, litigation or administrative proceedings in which the United States is a party or has an interest, the administration of VA programs, verification of identity and status, and personnel administration by Federal agencies. Failure to provide all of the requested information may result in VA being unable to process your request for a Personal Identity Verification Card, or denial of issuance of a Personal Identity Verification Card. If you do not have a Personal Identity Verification Card, you may not be granted access to VA facilities or networks, which could have an adverse impact on your application to become, or status as, a VA employee, contractor or affiliate where such access is required to perform your assigned duties or responsibilities.

PAPERWORK REDUCTION ACT NOTICE: The public reporting burden is approximately 5 minutes including time to review instruction, find the information, and complete this form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (005E3), 810 Vermont Avenue, Washington, DC 20420.

SECTION I - APPLICANT INFORMATION

APPLICANT INFORMATION *(Completed by Applicant)*

1. LEGAL NAME OF APPLICANT <i>(Insert last, first, middle and suffix name)</i>		2. NICKNAME TO BE USED FOR APPLICANT <i>(Insert last name and first name, if applicable)</i>	
3. DATE OF BIRTH <i>(MM/DD/YYYY)</i>	4. SOCIAL SECURITY NO.	5. HOME PHONE NUMBER <i>(Include Area Code) (Optional)</i>	
6. HOME E-MAIL ADDRESS <i>(Optional)</i>		7. HOME ADDRESS	
8. SIGNATURE OF APPLICANT			9. DATE SIGNED

APPLICANT - STOP HERE

SECTION II - SPONSOR VERIFICATION *(Completed by Sponsor)*

PART A - APPLICANT EMPLOYMENT INFORMATION *(Completed by Sponsor)*

1. NAME AND ADDRESS OF FACILITY OR ASSIGNED DUTY STATION Department of Veterans Affairs Medical Center 3710 SW U.S. Veterans Hospital Road Portland, OR 97239		2. NAME OF SPONSORING DEPARTMENT, SERVICE, OR SECTION, AND MAIL ROUTING SYMBOL Education Division (P2EDUC)	
		3. CREDENTIALS/ORGANIZATIONAL TITLE <i>(AKA Position/Job Title)</i>	4. COST CTR.
		5. WORK PHONE NUMBER 503-220-8262 x 57006	6. WORK E-MAIL ADDRESS

PART B - TYPE OF REQUEST AND EMPLOYMENT STATUS *(Completed by Sponsor)*

1. TYPE OF REQUEST <input checked="" type="checkbox"/> NEW ID <input type="checkbox"/> RENEWAL <input type="checkbox"/> REPLACEMENT ID <i>(Damaged/Lost)</i> <input type="checkbox"/> CHANGE LEVEL OF ACCESS			
2. TYPE OF CARD <input type="checkbox"/> PERSONAL IDENTITY VERIFICATION (PIV) <input type="checkbox"/> VA (NON-PIV)		3. TYPE OF ACCESS <input checked="" type="checkbox"/> LOGICAL ACCESS _____ <input type="checkbox"/> PHYSICAL ACCESS <i>(Complete Part C)</i> <i>(Domain)</i>	
4. EMPLOYMENT STATUS P VA EMPLOYEE <input type="checkbox"/> VA EMPLOYEE <input type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> AFFILIATE <i>(Specify)</i> STUDENT <input type="checkbox"/> TEMPORARY VA EMPLOYMENT			

PART C - PHYSICAL SECURITY ACCESS DATA *(Completed by Sponsor)*

1. SPECIAL SECURITY ACCESS REQUIRED <input type="checkbox"/> YES <i>(If "YES", Specify in Item 2)</i> <input type="checkbox"/> NO	2. SPECIFY LOCATION OF SPECIAL SECURITY <i>(i.e. tower, bldg. no., etc.)</i>	3. IS APPLICANT A KEY EMERGENCY RESPONDER, CRITICAL EMPLOYEE, OR NEITHER? <input type="checkbox"/> EMERGENCY RESPONDER <input type="checkbox"/> CRITICAL EMPLOYEE <input checked="" type="checkbox"/> NEITHER
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PART D - TYPE OF BACKGROUND INVESTIGATION FOR POSITION *(Completed by Sponsor)*

TYPE OF BACKGROUND INVESTIGATION FOR POSITION <input type="checkbox"/> SAC <input type="checkbox"/> NACI <input type="checkbox"/> SECRET <input type="checkbox"/> TOP SECRET <input type="checkbox"/> OTHER <i>(Specify)</i>			
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PART E - CONTRACTORS, AFFILIATES, AND TEMPORARY EMPLOYMENT INFORMATION *(Completed by Sponsor)*

1. EMPLOYMENT EXPIRATION DATE /CONTRACT END DATE <i>(MM/DD/YYYY)(For Contractors, Affiliates, and Temporary Employment)</i> /		2. NAME OF FIRM OR COMPANY <i>(if applicable)</i>		
3. NAME OF CONTRACTING OFFICER TECH. REPR. <i>(if applicable)</i>		4. NAME OF RESPONSIBLE VA ORGANIZATION Education Division		5. MAIL ROUTING SYM. P2EDUC