
Department of Veterans Affairs



Personal Identity Verification (PIV) Project Detailed VA Form 0711 Instructions

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Introduction

This document gives detailed instructions on how to fill out VA Form 0711. This form is used to request an identification card for the Department of Veterans Affairs (VA) employees, contractors and affiliates. VA identification cards consist of: Personal Identity Verification (PIV) and Non-PIV cards. Please reference the background investigation matrix to determine the required identification card.

These instructions must be followed in their entirety or the PIV card issuance office can not process the Card Applicant's request or issue an identification card. Incorrect or incomplete forms will be returned to the Sponsor.

Note: VA Form 0711 has been through many revisions and it is important to have the correct version of the form. The current version of the form is October 2006. The version of VA Form 0711 can be found in the lower left hand corner of the document.

It is also important to note that this document uses color coding to assist the reader in their understanding of VA Form 0711. **Blue** titles indicate that a field is required for correct completion of the form. **Green** titles indicate that the field is optional.



Section I: Applicant Information

SECTION I - APPLICANT INFORMATION		
APPLICANT INFORMATION (Completed by Applicant)		
1. LEGAL NAME OF APPLICANT (Insert last, first, middle and suffix name)	2. NICKNAME TO BE USED FOR APPLICANT (Insert last name and first name, if applicable)	
3. DATE OF BIRTH (MM/DD/YYYY)	4. SOCIAL SECURITY NO.	5. HOME PHONE NUMBER (Include Area Code) (Optional)
6. HOME E-MAIL ADDRESS (Optional)		7. HOME ADDRESS

This section of VA Form 0711 is filled out by the Applicant or by the Sponsor with the Applicant's assistance. It provides personal information about the Applicant such as name and address. It contains four required fields (Legal Name, Date of Birth, Social Security No, and Home address) and three optional fields (Nickname, Home Phone Number, and Home Email Address).

Required Fields	Optional Fields
1. Legal Name	2. Nickname
3. Date of Birth	5. Home Phone Number
4. Social Security No.	6. Home Email Address
7. Home Address	

1. Legal Name of Applicant

APPLICANT INFORMATION		
1. LEGAL NAME OF APPLICANT (Insert last, first, middle and suffix name)	2.	
3. DATE OF BIRTH (MM/DD/YYYY)	4. SOCIAL SECURITY NO.	5.

Description: This is the full legal-name of the Applicant and is printed on the card. This name should match the identity source documents provided by the Applicant (Driver's License, Passport, etc.). If an Applicant has recently changed anems, legal documentation must be provided connecting the current legal name with the documents provided (marriage certificate, etc.).

Format: [Last Name], [First Name], [Middle Name] [Suffix]

Example: Smith, Jonathan Allen Sr.



Common Errors: Legal Name must be used in this field. Do not use Bob when the Applicant’s legal name is Robert.

2. Nickname to be used for Applicant

1. INFORMATION (Completed by Applicant)	
2.	NICKNAME TO BE USED FOR APPLICANT (Insert last name and first name, if applicable)
15.	HOME PHONE NUMBER (Include Area Code) (Optional)

Description: This is the Applicant’s common name. It is the name used for the Applicant’s email address and is optional. If the Nickname field is not populated, the legal name is used.

Format: Last Name, First Name; email will be FirstName.LastName@VA.Gov

Example: *Smith, John* or *Smith, Al* (if Applicant goes by middle name); email will be John.Smith@VA.Gov or Al.Smith@VA.Gov

Common Errors: This field is blank in if the Applicant’s nickname is the same as their legal name.

3. Date of Birth

3.	DATE OF BIRTH (MM/DD/YYYY)	4.	5.
16.	HOME E-MAIL ADDRESS (Optional)		

Description: This is the date the Applicant was born. This date should match the identity source documents provided by the Applicant.

Format: This field should be in the format MM/DD/YYYY where MM is a two digit month (04 for April, not 4), DD is a two digit day (05 not 5), and YYYY is the four digit year (1979 not 79).

Example: *04/05/1979*

Common Errors: A two digit month or day is not used or a four digit year is not used.

4. Social Security No.

4.	SOCIAL SECURITY NO.	5.	6.
17.		17.	18.

Description: This is the Applicant’s social security number (SSN); a nine digit number assigned by the U.S. Government Social Security Administration (SSA).

Format: XXX-XX-XXXX



Example: 123-45-6789

Common Errors: This field is often skipped and left blank. It is a required field.

5. Home Phone Number

Description: This is the Applicant’s 10 digit home phone number which includes the area code. It is used when the card issuance office needs to contact the Applicant directly. If an Applicant does not have a land line, they may enter a cell phone number.

Format: XXX-XXX-XXXX.

Example: 222-333-4444

Common Errors: The applicant does not choose to provide a home phone number and this field is not left blank. No other phone numbers (sponsor number) is entered.

6. Home e-Mail Address

Description: This is the Applicant’s home email address. It is used by the card issuance office to contact the Applicant directly with information about their card application.

Format: Email addresses must contain at least one @ symbol and one period.

Example: JohnSmith21@Yahoo.com

Common Errors: The applicant does not choose to provide a home email address. No other email addresses (sponsor email) should be entered in this field.

7. Home Address

Description: This is the Applicant’s home address including the street number, street, city, state abbreviation and, zip code.



Format:

[Street Number] [Street]
[City], [State Abbreviation] [Zip Code]

Example:

*25 Main Street
Springfield, IL 62702*

Common Errors: This field is required and must be populated. This should be the Applicant's home address, not the address of the VA facility where they work.



Section II: Sponsor Verification

SECTION II - SPONSOR VERIFICATION <i>(Completed by Sponsor)</i>				
PART A - APPLICANT EMPLOYMENT INFORMATION <i>(Completed by Sponsor)</i>				
1. NAME AND ADDRESS OF FACILITY OR ASSIGNED DUTY STATION		2. NAME OF SPONSORING DEPARTMENT, SERVICE, OR SECTION, AND MAIL ROUTING SYMBOL		
		3. CREDENTIALS/ORGANIZATIONAL TITLE <i>(AKA Position/Job Title)</i>		4. COST CTR.
		5. WORK PHONE NUMBER <i>(If applicable)</i>	6. WORK E-MAIL ADDRESS	
PART B - TYPE OF REQUEST AND EMPLOYMENT STATUS <i>(Completed by Sponsor)</i>				
1. TYPE OF REQUEST <input 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 type="checkbox"/> LOGICAL ACCESS <i>(Domain)</i> <input type="checkbox"/> PHYSICAL ACCESS <i>(Complete Part D)</i>		
4. EMPLOYMENT STATUS <input type="checkbox"/> VA EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> AFFILIATE <i>(Specify)</i> <input type="checkbox"/> TEMPORARY VA EMPLOYMENT				
PART C - PHYSICAL SECURITY ACCESS DATA <i>(Completed by Sponsor)</i>				
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 type="checkbox"/> NEITHER	
PART D - TYPE OF BACKGROUND INVESTIGATION FOR POSITION <i>(Completed by Sponsor)</i>				
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>				
PART E - CONTRACTORS, AFFILIATES, AND TEMPORARY EMPLOYMENT INFORMATION <i>(Completed by Sponsor)</i>				
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		5. MAIL ROUTING SYM.
PART F - SPONSOR AUTHORIZATION AND CERTIFICATION <i>(Completed by Sponsor)</i>				
CERTIFICATION: I Certify under penalty of perjury that the information in Section II is true and correct.				
1. NAME OF SPONSOR		2. SPONSOR CREDENTIALS/ORGANIZATIONAL TITLE		
3. CERTIFICATE NUMBER <i>(Issued by PCI Manager or Registrar)</i>		4. SIGNATURE OF SPONSOR		5. DATE SIGNED <i>(MM/DD/YYYY)</i>
6. WORK ADDRESS		7. NAME OF SPONSOR'S DEPARTMENT, SERVICE, OR SECTION		
		8. WORK PHONE NUMBER <i>(Include Area Code)</i>		
		9. WORK E-MAIL ADDRESS		

Section II: Sponsor Verification of VA Form 0711 is filled out by the Sponsor to collect: Part A, Applicant employment information; Part B, type of ID request and employment status; Part C, physical security access requirements; Part D, type of background investigation required for



position; Part E, employment association with the VA (contractor/affiliate/temporary employment), and Part F, Sponsor Authorization and Certification.

Section II - Part A: Applicant Employment Information

PART A - APPLICANT EMPLOYMENT INFORMATION (Completed by Sponsor)			
1. NAME AND ADDRESS OF FACILITY OR ASSIGNED DUTY STATION	2. NAME OF SPONSORING DEPARTMENT, SERVICE, OR SECTION, AND MAIL ROUTING SYMBOL		
	3. CREDENTIALS/ORGANIZATIONAL TITLE (AICA Position/Job Title)		4. COST CTR.
	5. WORK PHONE NUMBER (If applicable)	6. WORK E-MAIL ADDRESS	

This part of VA Form 0711 provides details about where the Applicant works.

Required Fields of Part A
1. Name and Address of Facility or Assigned Duty Station
2. Name of Sponsoring Department, Service or Section, and Mail Routing Symbol
3. Credentials/Organizational Title
4. Cost Ctr.
5. Work Phone Number
6. Work email address

1. Name and Address of Facility or Assigned Duty Station

PART A - APPLICANT EMPLOYMENT INFORMATION	
1. NAME AND ADDRESS OF FACILITY OR ASSIGNED DUTY STATION	2. NAME OF SPONSORING DEPARTMENT, SERVICE, OR SECTION, AND MAIL ROUTING SYMBOL
	3. CREDENTIALS/ORGANIZATIONAL TITLE (AICA Position/Job Title)
	4. COST CTR.
	5. WORK PHONE NUMBER (If applicable)
	6. WORK E-MAIL ADDRESS

Description: This field is the name Applicant’s full work address or duty station.

Format:

[Facility or Duty Station Name]
[Street Number] [Street]
[City], [State Abbreviation] [Zip Code]

Example:

VA Central Office
810 Vermont Avenue



Common Errors: This field is not populated, or contains alpha characters. This is a required field.

5. Work Phone Number

5. WORK PHONE NUMBER (If applicable)	6
--------------------------------------	---

Description: This is the Applicant's work phone number. If the Applicant does not have a work phone at the time of the request, leave this field blank. If the Applicant does have a phone, enter the number.

Format: XXX-XX-XXXX

Example: 555-333-4444

Common Errors: This field stays blank if the Applicant does not yet have a phone. If the Applicant has a phone, the field must be populated. This is not an optional field.

6. Work e-Mail Address

6. WORK E-MAIL ADDRESS

Description: This is the Applicant's Department of Veterans Affairs email address (Mike.Jones@va.gov). If the Applicant does not have a work email address at the time of the request, leave this field blank. If the Applicant does have an email address, enter the address.

Format: Work email addresses must come from the VA and will therefore end in "@va.gov".

Example: Mike.Jones@VA.Gov

Common Errors: This field stays blank if the Applicant does not yet have an email address. If the Applicant has an address, the field must be populated. This is not an optional field.



Section II - Part B: Type of Request and Employment Status

PART B - TYPE OF REQUEST AND EMPLOYMENT STATUS (Completed by Sponsor)			
1. TYPE OF REQUEST			
<input type="checkbox"/> NEW ID	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> REPLACEMENT ID (Damaged/Lost)	<input type="checkbox"/> CHANGE LEVEL OF ACCESS
2. TYPE OF CARD		3. TYPE OF ACCESS	
<input type="checkbox"/> PERSONAL IDENTITY VERIFICATION (PIV)	<input type="checkbox"/> VA (NON-PIV)	<input type="checkbox"/> LOGICAL ACCESS (Domain)	<input type="checkbox"/> PHYSICAL ACCESS (Complete Part D)
4. EMPLOYMENT STATUS			
<input type="checkbox"/> VA EMPLOYEE	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> AFFILIATE (Specify)	<input type="checkbox"/> TEMPORARY VA EMPLOYMENT

This section of VA Form 0711 is filled out by the Sponsor to indicate what type of card the Applicant receives. Information provided in this section includes whether this is a new card or a renewal/replacement; a PIV Card or a VA Card; the type of access the card should provide; and what the Applicant's employment status is within the VA.

Required Fields
1. Type of Request
2. Type of Card
3. Type of Access
4. Employment Status

1. Type of Request

PART B - TYPE OF REQUEST AND EMPLOYMENT STATUS (Completed by Sponsor)			
1. TYPE OF REQUEST			
<input type="checkbox"/> NEW ID	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> REPLACEMENT ID (Damaged/Lost)	<input type="checkbox"/> CHANGE LEVEL OF ACCESS
2. TYPE OF CARD		3. TYPE OF ACCESS	

Description: This field indicates whether the Applicant is requesting a New ID, Renewing an Existing ID due to expiration; or a Replacement badge due to damage or loss; or if the Card requires a change of access to add access to a secure door such as the pharmacy.

Format: This field requires the Sponsor to check a box.

Example:

Common Errors: More than one option is selected. An Applicant should not have a 0711 Form with New ID and Renewal checked. Sponsors should select New ID if this is the first PIV Card the Applicant will be receiving.

2. Type of Card

2. TYPE OF CARD	
<input type="checkbox"/> PERSONAL IDENTITY VERIFICATION (PIV)	<input type="checkbox"/> VA (NON-PIV)



Description: This is where the Sponsor indicates whether the Applicant is receiving a PIV Card or a VA Card.

Format: This field requires the Sponsor to check a box.

Example:

Common Errors: The appropriate option should be selected for the Applicant. Sponsors should be familiar with the requirements for each type of card.

3. Type of Access

Description: This field is completed by the Sponsor to indicate whether the Applicant will use their card for Logical (ability to log on to a VA computer using the ID card) or Physical access to VA facilities. If Physical Access is checked, complete **Part C**, not Part D as defined on the form (it is a misprint and will be fixed in later versions of the form).

Format: This field requires the Sponsor to check a box.

Example:

Common Errors: The Domain filed is not populated when a Sponsor checks Logical Access. Sponsors can check their domains in two different ways.

First, a Sponsor should log in to their computer, press Control-Alt-Delete and under “Logon Information” there is a line with the following format:

[Your Last Name], [Your First Name] is logged on as [**Your Domain**][Your Username].

The second option is for a Sponsor to follow the directions below:

1. Log in to your computer
2. Click on the Start Button 
3. Choose Run
4. Type in “cmd” (do not include the quotation marks)
5. At the Command Prompt type in “Set USERDOMAIN” (do not include the quotation marks)
6. A line will be returned in the following format: USERDOMAIN=[**Your Domain**]
7. Close the Command Prompt window



4. Employment Status

4. EMPLOYMENT STATUS			
<input type="checkbox"/> VA EMPLOYEE	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> AFFILIATE (<i>Specify</i>)	<input type="checkbox"/> TEMPORARY VA EMPLOYMENT

Description: Sponsors should indicate whether the Applicant is an Employee, Contractor, Affiliate or Temporary Employee. If the Applicant is an Affiliate, the Sponsor should indicate the Applicant’s affiliation. Sponsors should consult their training modules for definitions of Employee, Contractor, and Affiliate.

Format: This field requires the Sponsor to check a box.

Example:

Common Errors: Cards are color-coded according to employment association. If Employment Status is not properly identified, the Card will not have the proper color coding, which could result in restricted access.



Section II - Part C: Physical Security Access Data

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

This section of VA Form 0711 is only completed if Physical Access is checked in Section II, Part B, Question 3. If physical access is required, this section must be completed. Otherwise, this section should be left blank.

Required Fields
<ol style="list-style-type: none"> Special Security Access Required Specify Location of Special Security Is Applicant a Key Emergency Responder, Critical Employee or Neither

1. Special Security Access Required

1. SPECIAL SECURITY ACCESS REQUIRED <input type="checkbox"/> YES (If "YES," Specify in Item 2) <input type="checkbox"/> NO	2.
---	----

Description: If the Applicant has special access requirements (access to the pharmacy or other secured location), check "Yes". If no special access is needed and the card is used as a visible badge (flash pass), check "No".

Format: The format of this field is a check box.

Example:

Common Errors: Special access is indicated for Applicants who use their cards for physical access control systems (card readers). Do not indicate "Yes" unless the Applicant needs to get through secured areas.

2. Specify Location of Special Security

2. SPECIFY LOCATION OF SPECIAL SECURITY (i.e. tower, bldg. no., etc.)	3 E
---	--------

Description: If special security access is necessary it is indicated in this field.

Format: This field is an open text box.



Example: Room 812, 1800G Street

Common Errors: If Part C, Box 1 is answered “Yes”, this field is required. If Part C, Box 1 is answered, “No”, the field is blank.

3. Is Applicant a Key Emergency Responder, Critical Employee or Neither?

(Completed by sponsor)

3. IS APPLICANT A KEY EMERGENCY RESPONDER, CRITICAL EMPLOYEE, OR NEITHER?

EMERGENCY RESPONDER

CRITICAL EMPLOYEE NEITHER

Description: This field indicates whether the Applicant is a certified Emergency Responder (a doctor, law enforcement), a VA identified Critical Employee (an information technology analyst) or neither. In an emergency, Emergency Responders and Critical Employees are allowed to cross police lines to get access to VA Facilities.

Format: This field is a checkbox.

Example:

Common Errors: This field is not filled in correctly. There may be significant repercussions if this field is not populated properly.

If an Applicant is incorrectly identified as an Emergency Responder that Applicant may have access to potentially dangerous situations. If an Applicant is a Critical Employee but is not identified correctly, they may not be able to get through police blockades to VA facilities.



Section II - Part D: Type of Background Investigation for Position

PART D - TYPE OF BACKGROUND INVESTIGATION FOR POSITION <i>(Completed by Sponsor)</i>				
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>

This section of VA Form 0711 is used by the Sponsor to indicate what type of background investigation is required for the Applicant.

Required Fields
Type of Background Investigation for Position

1. Type of Background Investigation for Position

Description: This field indicates the type of background investigation the Applicant is required to have for their position according to the guidance given by VA Directive 0710 and the position classification.

Format: This field is a checkbox.

Example:

Common Errors: This field is blank. The PIV Registrar uses this information to verify that the Applicant has the required background investigation and its on record with the VA security site. If the appropriate background investigation has not been performed, it is initiated by The PIV Registrar.



Section II - Part E: Contractors, Affiliates and Temporary Employment Information

PART E - CONTRACTORS, AFFILIATES, AND TEMPORARY EMPLOYMENT INFORMATION (Completed by Sponsor)		
1. EMPLOYMENT EXPIRATION DATE /CONTRACT END DATE (MM/DD/YYYY)(For Contractors, Affiliates, and Temporary Employment)	2. NAME OF FIRM OR COMPANY (If applicable)	
3. NAME OF CONTRACTING OFFICER TECH. REPR. (If applicable)	4. NAME OF RESPONSIBLE VA ORGANIZATION	5. MAIL ROUTING SYM.

This section of VA Form 0711 is only completed if the Applicant is a Contractor, Affiliate or Temporary Employee. Full time employees of the VA do not need to complete this section of the form.

Required Fields
<ol style="list-style-type: none"> 1. Employment Expiration Date/Contract End Date 2. Name of Firm or Company 3. Name of Contracting Officer Tech. Repr. 4. Name of Responsible VA Organization 5. Mail Routing Sym.

1. Employment Expiration Date/Contract End Date

PART E - CONTRACTORS, AFFILIATES, AND TEMPORARY EMPLOYMENT INFORMATION (Completed by Sponsor)	
1. EMPLOYMENT EXPIRATION DATE /CONTRACT END DATE (MM/DD/YYYY)(For Contractors, Affiliates, and Temporary Employment)	2.
3. NAME OF CONTRACTING OFFICER TECH. REPR. (If applicable)	4.

Description: This field indicates the Applicant’s employment expiration or contract end-date.

Format: MM/DD/YYYY

Example: 06/21/2007

Common Errors: This field is blank.

2. Name of Firm or Company

PART E - CONTRACTORS, AFFILIATES, AND TEMPORARY EMPLOYMENT INFORMATION (Completed by Sponsor)	
2. NAME OF FIRM OR COMPANY (If applicable)	
4. NAME OF RESPONSIBLE VA ORGANIZATION	5. MAIL ROUTING SYM.

Description: This field identifies the firm or company for which the Applicant works.



Format: This is a text field

Example: Mike’s Consulting Inc.

Common Errors: This field is not populated for Contractors (required) or is populated for Affiliates/Volunteers (not required).

3. Name of Contracting Officer Tech. Repr.

3. NAME OF CONTRACTING OFFICER TECH. REPR. (If applicable)	4
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Description: The name of the Contracting Officer Technical Representative (COTR) goes in this field.

Format: This is a text field.

Example: *Richard Franklin*

Common Errors: This field is not populated with the Contracting officer’s name.

4. Name of Responsible VA Organization

4. NAME OF RESPONSIBLE VA ORGANIZATION	5
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Description: This is the Department, Service or Section that is sponsoring the Applicant.

Format: [Department, Service or Section]

Example: Budget Office

Common Errors: This field is not populated correctly. In most cases, this will be the same office as defined in Section II, Part A, Question 2 – Name of Sponsoring Department, Service or Section and Mail Routing Symbol.

5. Mail Routing Sym.

5. MAIL ROUTING SYM

Description: This is the Applicant’s mail routing symbol.

Format: [Mail Routing Symbol]



Example: 14131529

Common Errors: This field is not populated correctly. In most cases, this will be the same routing symbol defined in Section II, Part A, Question 2 – Name of Sponsoring Department, Service or Section and Mail Routing Symbol.



Section II - Part F: Sponsor Authorization and Certification

PART F - SPONSOR AUTHORIZATION AND CERTIFICATION <i>(Completed by Sponsor)</i>		
CERTIFICATION: I Certify under penalty of perjury that the information in Section II is true and correct.		
1. NAME OF SPONSOR	2. SPONSOR CREDENTIALS/ORGANIZATIONAL TITLE	
3. CERTIFICATE NUMBER <i>(Issued by PCI Manager or Registrar)</i>	4. SIGNATURE OF SPONSOR	5. DATE SIGNED <i>(MM/DD/YYYY)</i>
6. WORK ADDRESS	7. NAME OF SPONSOR'S DEPARTMENT, SERVICE, OR SECTION	
	8. WORK PHONE NUMBER <i>(Include Area Code)</i>	
	9. WORK E-MAIL ADDRESS	

This section of VA Form 0711 is used to show that a certified PIV Sponsor has given approval for the Applicant to receive a card.

Required Fields
1. Name of Sponsor
2. Sponsor Credentials/Organization Title
3. Certificate Number
4. Signature of Sponsor
5. Date Signed
6. Work Address
7. Name of Sponsors Department, Service or Section
8. Work Phone number
9. Work e-mail Address

1. Name of Sponsor

1. NAME OF SPONSOR	2
3. CERTIFICATE NUMBER <i>(Issued by PCI Manager or Registrar)</i>	1A

Description: This field is the name of the PIV Sponsor approving the card request for the Applicant. This name is verified on the PIV Registrar's list of certified Sponsors.

Format: [First Name] [Last Name]

Example: Rachel Warren



Common Errors: Non-certified Sponsors approve a card request for an Applicant. If an individual is not on the list maintained by the Registrar, they can not request a card. If a Sponsor has delegated authority to another individual in their office, that person must be officially appointed, take the Sponsor training and be certified by the Registrar.

2. Sponsor Credentials/Organizational Title

2. SPONSOR CREDENTIALS/ORGANIZATIONAL TITLE

14. SIGNATURE OF SPONSOR 15. DATE SIGNED (MM/DD/YYYY)

Description: This is the Sponsor’s position/job title.

Format: Normal text description of the Title.

Example: Chief Engineer

Common Errors: This required field is not populated.

3. Certificate Number

3. CERTIFICATE NUMBER (Issued by PCI Manager or Registrar)

16. WORK ADDRESS 17.

Description: The certificate number of the Sponsor, issued by Registrar or PCI Manager.

Format: This field is populated based on the format of each facility’s Certification Number format.

Example: PIVSponsor46

Common Errors: Certification numbers are issued by the facility. This field is left blank.

4. Signature of Sponsor

4. SIGNATURE OF SPONSOR 5.1

17. NAME OF SPONSOR'S DEPARTMENT, SERVICE, OR SECTION

Description: The Sponsor signs this box, officially giving their consent for the Applicant to receive a card.

Format: This field is a signature, no formatting is defined.

Example: *Robert Kraft*



Common Errors: This required field is not populated or the signature in this field does not match the Sponsor's name in field 1.

5. Date Signed

5. DATE SIGNED (MM/DD/YYYY)

Description: This is the date that the Sponsor signs VA Form 0711, giving approval for the Applicant to receive a card.

Format: This field should be in the format MM/DD/YYYY where MM is a two digit month (04 for April, not 4), DD is a two digit day (05 not 5), and YYYY is the four digit year (1979 not 79).

Example: *04/23/2007*

Common Errors: A two digit month or day is not used or a four digit year is not used.

6. Work Address

6. WORK ADDRESS

Description: This is the Sponsor's work address including the street number, street, office/mailstop, city, state abbreviation, and zip code.

Format:

[Street Number] [Street]
[Office/Mailstop]
[City], [State Abbreviation] [Zip Code]

Example:

*25 Main Street
Springfield, IL 62702*

Common Errors: This required field is not populated. This should be the Sponsor's facility address, not the address of the Sponsor's home.

7. Name of Sponsor's Department, Service or Section

7. NAME OF SPONSOR'S DEPARTMENT, SERVICE, OR SECTION



Description: This is the Sponsor's Department, Service or Section.

Format: [Department, Service or Section]

Example: *Mail Services*

Common Errors: The Applicant's information is populated instead of the Sponsor's. This information may be the same, but the Sponsor's information must be entered.

8. Work Phone number

8. WORK PHONE NUMBER (Include Area Code)
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Description: This is the Sponsor's 10 digit phone number which includes the area code.

Format: XXX-XXX-XXXX.

Example: *222-333-4444*

Common Errors: This field is left blank or includes transposed numbers.

9. Work Email Address

9. WORK E-MAIL ADDRESS

Description: This is the Sponsor's email address. It must be a valid VA email address.

Format: Email addresses must end in "@va.gov"

Example: *John.Smith21@VA.Gov*

Common Errors: This field is left blank or filled in with a non-VA address (@mikesconsulting.com).