

FINGERPRINT REQUEST FORM

Bring with you two (2) original IDs (Identity Source Documents) from the list below

<https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

Complete all fields on this form to the best of your ability

Applicant Category: Check One

EMPLOYEE	CONTRACTOR	HEALTH PROFESSIONS TRAINEE (VHA intern, resident, fellow, student)
AFFILIATE	VOLUNTEER	OTHER:

ENTER YOUR NAME EXACTLY AS IT APPEARS ON IDs

<u>Name: (Last, First, Middle)</u>		<u>Other Last Names Used</u>
<u>SSN (use of pseudo number is not permitted)</u>	<u>Position Title</u>	<u>Telephone #</u>
<u>Date of Birth: (mm/dd/yyyy)</u>	<u>City/State and Country of Birth</u>	
<u>E-Mail Address</u>	<u>Country of Citizenship</u>	<u>Dual Citizen?</u>
<u>VA Work Location</u>	<u>Organization (VHA, VBA, NCA, VACO, etc.)</u>	<u>Start Date</u>
<u>Contractors Only: Company Name</u>		<u>Company Address/Work Email</u>
<u>Health Professions Trainees Only: School Name</u>		<u>Training Program</u>

<u>FINGERPRINT LOCATION</u>		<u>FINGERPRINT DATE (mm/dd/yyyy)</u>		<u>PREVIOUS VA PIV CARD HOLDER (Yes/No)</u>	
<u>GENDER (M/F)</u>	<u>HEIGHT (inches)</u>	<u>WEIGHT (US pounds)</u>	<u>HAIR COLOR</u>	<u>EYE COLOR</u>	<u>RACE/ETHNICITY</u>

Courtesy Prints for another Facility:

Facility: Columbia SC VA Health Care System

SOI# VAJ7

SON# 1721

Fingerprint Results Cleared: YES NO (Circle One)

Date/Initials of Clearance: _____