

# **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](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**

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

**ENTER YOUR NAME EXACTLY AS IT APPEARS ON IDs**

Name: (Last, First, Middle)		Other Last Names Used
SSN (use of pseudo number is not permitted)	Position Title	Telephone #
Date of Birth: (mm/dd/yyyy)	City/State and Country of Birth	
E-Mail Address (long-term, sustained E-Mail)	Country of Citizenship	Dual Citizen? (Yes/No)
VA Work Location	POC/COTR/Sponsor/Supervisor	POC Phone #
<b>Contractors Only:</b> Company Name		Company Address
		Contract End Date
<b>Health Professions Trainees Only:</b> School/Affiliate Name		Training Program
		Program End Date

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

**Courtesy Prints for another Facility**

Facility Name/Location:	Facility SOI#	Facility SON#
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**Personnel Security Specialist USE ONLY**

Date Cleared	Signature
Comments	