



DEPARTMENT OF VETERANS AFFAIRS

VA St. Louis Healthcare System
#1 Jefferson Barracks Drive
St. Louis, MO 63125-4199

Fingerprint Request Form Prep Sheet Instructions

Print Full Legal Name: Please provide your full legal name as shown on driver's license or other approved photo ID. List other names used if applicable.

Social Security Number: Please provide your U.S. social security number.

Position Title: Please enter your trainee type (Medical Student, Associated Health Student, Resident, Fellow).

Phone Number: Please provide your complete phone number, with area code, for communication.

Date & Place of Birth: Please provide your date of birth. MM/DD/YYYY.

Email address: Please provide your personal email address for communication.

Citizenship: Please provide your citizenship. All foreign-born individuals will be required to submit proof of citizenship.

HPT: Please list your School/Affiliate, your program specialty and program/graduation end date.

Fingerprint Location & Date: Please list the VA Office in which your fingerprinting was completed.

Previous PIV Badge: If you held a VA PIV Badge in the last 3 years, please indicate.

Gender: Please select your gender.

Height: Please enter by feet and inches, **Weight:** Enter in pounds, **Hair Color:** Enter your hair color.

Eye Color: Please select your eye color, **Race/Ethnicity:** Please select as appropriate.

If you are taking advantage of courtesy fingerprinting at another VA Office, they must use the codes for VA St. Louis.

COURTESY FINGERPRINTING ONLY: SOI#: VAK4, SON#: 1783.

To determine if a VA near you offers this service, contact their main phone number, and ask to speak with the Badging or Security Office to verify if they offer courtesy fingerprinting.

[Nationwide PIV Card Office Locations - Office of Operations, Security, and Preparedness \(va.gov\)](#)

If you are taking advantage of courtesy fingerprinting, please inform HPES where and when fingerprinting took place, at SLUOnboarding@va.gov.

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

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 #
Contractors Only: Company Name		Company Address
		Contract End Date
Health Professions Trainees Only: 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	