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 HIGHLIGHTED fields on this form to the best of your ability

Applicant Category: Check One

☐	**EMPLOYEE**	☐	**CONTRACTOR**	☐	**HEALTH PROFESSONS 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 642		FINGERPRINT DATE (mm/dd/yyyy)		PREVIOUS PIV CARD HOLDER (Yes/No)	
SEX (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#**

Personnel Security Specialist USE ONLY

Date Cleared	**Signature**
Comments	