Form Approved: OMB No. 2900-0673
Respondent Burden: 5 Minutes

Department of Veterans Affairs

REQUEST FOR PERSONAL IDENTITY VERIFICATION CARD

PRIVACY ACT STATEMENT: VA is authorized to ask for the information requested on this form by Homeland Security Presidential Directive (HSPD)-12, and 31 USC 7701. The information and biometrics collected, collected as part of the Federal identity-proofing program under HSPD-12 are used to verify the personal identity of VA applicants for employment, employees, contractors, and affiliates (such as students, WOC employees, and others) prior to issuing a Department identification credential. The credentials themselves are to be used to authenticate electronic access requests from VA employees, contractors, and affiliates issued a Department identification credential to gain access to VA facilities and networks (where available) through digital access control systems, as well as to other federal government agency facilities and systems where permitted by law. The information collected on this form is protected by the Privacy Act, 5 USC Section 552(a) and maintained under the authority of 38 USC Section 501 and 38 USC Sections 901-905 in VA system of records "Police and Security Records-VA (103VA07B)". VA may make a "routine use" disclosure of the information in this system of records for the routine uses listed in this system of records, including: civil or criminal law enforcement, constituent congressional communications initiated at your request, litigation or administrative proceedings in which the United States is a party or has an interest, the administration of VA programs, verification of identity and status, and personnel administration by Federal agencies. Failure to provide all of the requested information may result in VA being unable to process your request for a Personal Identity Verifiction Card, or denial of issuance of a Personal Identity Verification Card. If you do not have a Personal Identity Verification Card, you may not be granted access to VA facilities or networks, which could have an adverse impact on your application to become, or status as, a VA employee, contractor or affiliate where such access is required to perform your assigned duties or responsibilities.

PAPERWORK REDUCTION ACT NOTICE: The public reporting burden is approximately 5 minutes including time to review instruction, find the information, and complete this form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (005E3), 810 Vermont Avenue, Washington, DC 20420.

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

8. SIGNATURE OF APPLICANT

9. DATE SIGNED

SECTION II - SPONSOR VERIFICATION *(Completed by Sponsor)*

PART A - APPLICANT EMPLOYMENT INFORMATION *(Completed by Sponsor)*

1. NAME AND ADDRESS OF FACILITY OR ASSIGNED DUTY STATION

Michael E. DeBakey VA Medical Center
2002 Holcombe Blvd
Houston, TX 77030

2. NAME OF SPONSORING DEPARTMENT, SERVICE, OR SECTION, AND MAIL ROUTING SYMBOL

External Affairs/Voluntary Service (00X)

3. CREDENTIALS/ORGANIZATIONAL TITLE *(AKA Position/Job Title)*

Volunteer/

4. COST CTR.

5. WORK PHONE NUMBER *(If applicable)*

6. WORK E-MAIL ADDRESS

None

PART B - TYPE OF REQUEST AND EMPLOYMENT STATUS *(Completed by Sponsor)*

1. TYPE OF REQUEST

☒ NEW ID ☐ RENEWAL ☐ REPLACEMENT ID *(Damaged/Lost)* ☐ CHANGE LEVEL OF ACCESS

2. TYPE OF CARD

☐ PERSONAL IDENTITY VERIFICATION (PIV) ☒ VA (NON-PIV)

3. TYPE OF ACCESS

☐ LOGICAL ACCESS None *(Domain)* ☐ PHYSICAL ACCESS *(Complete Part D)*

4. EMPLOYMENT STATUS

☐ VA EMPLOYEE ☐ CONTRACTOR ☐ AFFILIATE *(Specify)* Volunteer ☐ TEMPORARY VA EMPLOYMENT

PART C - PHYSICAL SECURITY ACCESS DATA *(Completed by Sponsor)*

1. SPECIAL SECURITY ACCESS REQUIRED

☐ YES *(If "YES," Specify in Item2)* ☒ NO

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

N/A

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

☐ EMERGENCY RESPONDER
☐ CRITICAL EMPLOYEE ☒ NEITHER

PART D - TYPE OF BACKGROUND INVESTIGATION FOR POSITION *(Completed by Sponsor)*

TYPE OF BACKGROUND INVESTIGATION FOR POSITION

☒ SAC ☐ NACI ☐ SECRET ☐ TOP SECRET ☐ OTHER *(Specify)*

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.

PART F - SPONSOR AUTHORIZATION AND CERTIFICATION *(Completed by Sponsor)*

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 *(Issued by PCI Manager or Registrar)* HR-	4. SIGNATURE OF SPONSOR	5. DATE SIGNED *(MM/DD/YYYY)*
6. WORK ADDRESS Michael E. DeBakey VA Medical Center 2002 Holcombe Blvd Houston, TX 77030	7. NAME OF SPONSOR'S DEPARTMENT, SERVICE, OR SECTION External Affairs/Voluntary Service (00X) 8. WORK PHONE NUMBER *(Include Area Code)* (713) 794-7135 9. WORK E-MAIL ADDRESS	

SECTION III - APPLICANT IDENTITY VERIFICATION *(Completed by Registrar)*

INSTRUCTIONS: To be completed and signed by Registrar at the time of proofing. Review Section I - Applicant Information, and Section II - Sponsor Verification, assuring that information has been filled out correctly and signed accordingly. The identification must follow these guidelines:

- Applicant must present two (2) forms of identification from the Accepted Identification Documentation List.
- The names on the identification must match exactly (If one ID has a full middle name, and the other has a middle initial, then the initial must match).
- One State or Federal ID must contain a photograph. ● Both IDs must be original documents. ● Both IDs must be currently valid, not expired.
- Verify that the applicant has background informaition on file. If no evidence of a SAC exists, then capture fingerprint data and process accordingly.

PART A - BACKGROUND CHECK

1. TYPE OF BACKGROUND CHECK

	SAC *(Fingerprint Check)*	NACI	OTHER *(Specify)*
1A. DATE INITIATED BACKGROUND CHECK *(MM/DD/YYYY)*			
1B. DATE ADJUDICATED BACKGROUND CHECK *(MM/DD/YYYY)*			

2. FINGERPRINTS CAPTURE REQUIRED? ☐ YES ☐ NO *(If "NO," proceed to Part B)*	3. SEX	4. RACE	5. HEIGHT	6. WEIGHT	7. EYES	8. HAIR	9. PLACE OF BIRTH

10. NOTICABLE SCARS AND TATTOOS

PART B - PHOTOGRAPHIC IDENTIFICATION NUMBER 1

1. EXACT NAME LISTED ON PHOTO ID	2. DOCUMENT IDENTIFICATION NUMBER	3. EXPIRATION DATE *(MM/DD/YYYY)*
4. DOCUMENT TYPE	5. ISSUANCE DATE *(MM/DD/YYYY)*	6. ISSUING AUTHORITY

PART C - IDENTIFICATION NUMBER 2

1. EXACT NAME LISTED ON ID	2. DOCUMENT IDENTIFICATION NUMBER	3. EXPIRATION DATE *(MM/DD/YYYY)*
4. DOCUMENT TYPE	5. ISSUANCE DATE *(MM/DD/YYYY)*	6. ISSUING AUTHORITY

PART D - REGISTRAR INFORMATION AND SIGNATURE

1. WORK ADDRESS	2. PRINTED NAME OF REGISTRAR	
	3. NAME OF DEPARTMENT, SERVICE, OR SECTION	
	4. WORK PHONE NUMBER *(Include Area Code)*	5. WORK E-MAIL ADDRESS
6. DATE APPLICANT INITIATED BACKGROUND INVESTIGATION	7. APPLICANT'S REQUEST FOR PERSONAL IDENTITY VERIFICATION CARD **ACTION TAKEN:** ☐ APPROVED ☐ DENIED	

CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above listed documents appear to be genuine and to relate to the person named.

8. SIGNATURE OF REGISTRAR	9. DATE SIGNED *(MM/DD/YYYY)*

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