Department of Veterans Affairs
VHA Service Center Personnel Security
6100 Oak Tree Blvd #500
Independence, OH 44131
VSC.Security@va.gov

VSC PERSONNEL SECURITY SERVICES OVERVIEW

The VHA Service Center Personnel Security Office offers a comprehensive service which ensures that contractor security requirements are met in accordance with OPM and federal regulations from initiation to completion. Communication is maintained between the VSC, the contracting officer, the COR (COTR) and the contracting company point-of-contact at all times during the process. Due to PII concerns, no other personnel will be sent statuses from the VSC Security POC. If another entity requires this information, they must work through the CO, COR or Company POC.

This service includes the below:

- Fingerprint adjudication:
  - This involves a thorough background screening and adjudication of fingerprint along with any self declared information. After the results are confirmed or adjudicated, the National Criminal History Check (NCHC) Form will be sent to all contacts via email.

- Existing investigations:
  - Verifying existing investigation information and collecting the required documents for reciprocity. The required documentation would include the OF306 Form and Self-Certification Form. These documents would be provided upon confirmation of investigation through the OPM Portal.
- New investigations:
  - Upon receipt of the Contract Security Services Request, our office will obtain and submit all required documents to request an investigation through Little Rock Security Investigations Center (SIC) and monitor the progress through completion.
- PIV Badges:
  - Our office can also manage and sponsor the PIV badges as required, as soon as the investigations are released from Little Rock SIC and scheduled by OPM.

To begin the process, please follow the below guidelines:

1. Upon notification of contract award, make appointments for fingerprinting. Ensure contractors bring Form #2 Fingerprint Request Form and 2 forms of ID to their appointment. .
2. Contracting officers, COR/COTRs complete and sign Form #1 in its **entirety**. All information is required. The packet will be rejected if this form is not complete or does not contain the CO signature.
3. Have employees complete all required documentation based on their risk level.
4. Submit complete packet to VSC.Security@va.gov encrypted. Incomplete packets will be rejected and returned. Complete packets will be assigned to a team member within 5 to 10-days dependent on workload. Subject line for the request submission email or fax cover sheet should be formatted as shown below. It is always our intention to work fast; we know its needed.
   a. **New Request Packet** - Contracted Company VA000-00000
   b. **Status Request** – Contracted Company VA000-00000 submitted on 00/00/0000
5. Do not submit new requests and additions more than once as this will result in duplicate assignments and wasted time. If you have not received a response to your request within 5-10 business days, send a status request to the mailbox using the above format.
6. If there is a change in the contracted personnel (resignation, declined appointment, etc) immediately notify the team member handling your request. The cancellation must be submitted via email.
7. Send any additions to the VSC Security team member that is assigned the contract. We cc the sender of this packet on that assignment so that you can work directly with that team member on all associated actions to include: reissuances, turnover, questions, concerns, statuses, etc. If the packet is already assigned and was not forwarded to the assigned member, we will reject that packet. This is so that we can assign the new contracts as fast as possible for you.

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CONTRACT SECURITY SERVICES REQUEST - INSTRUCTIONAL FORM 1A

Purpose: The Contract Security Services Request is submitted to VSC to initiate the contract security verification process. By submitting this form, our office will ensure that each individual listed have been fingerprinted, the fingerprints are adjudicated if necessary, background investigations are initiated or existing background investigations are current and PIV badges are managed and sponsored. This form should be completed and signed by the contracting officer. Please refer to the instructions below when completing the Contract Security Services Request Form #1.

Ⓐ **Contracting Officer & Phone**: Please provide the post-award contracting officer handling this contract and their phone number.

Ⓑ **COR (COTR) Name & Phone**: Please list the Contracting Officer Representative (previously the Contracting Officer Technical Representative) and phone number. The COR is the liaison between the contracting officer and contracted company.

Ⓒ **Contract End Date**: Please list the date in which the contract ends including all options to extend (for PIV badge expiration).

Ⓓ **SAO Region or 776**: Please list the Service Area Office in which the contracting officer is associated with (East, West, Central or 776). If your contract is not coming from the SAO contracting group or station 776, then we would not service your contracts

Ⓔ **Task Order Number**: Please list the task order number (VA000-C00000). Our database is based on tracking contracts by station. Should the task order number change at fiscal year end, please indicate on any future requests by listing the old task order number in parenthesis next to the new task number.

Ⓕ **Contractor Position Description**: Please provide a position title for all individuals (ex: physician, consultant, electrician).

Ⓖ **Investigation Level:** Please indicate the background security requirements as provided by the PDT (Position Description Automated Tool). This would include background screening or Fingerprint Only (SAC), low-level investigation (NACI) Tier 1, moderate-level investigation (MBI) Tier 2 and high-level investigation (BI) Tier 4. Please note that non-PIV badges (contract under 180-days) require at minimum a SAC, full PIV badges (over 180-days) require at minimum a NACI. If it is Tier 2 or 4, please provide a copy of the PDT to justify a higher level investigation.

Ⓗ **Contract Company Name:** Please provide the name of the contracting company that will be providing the work under the task order. Please provide subcontractors in parenthesis.

Ⓘ **Contractor Address:** Please provide the contracting company address. This information is required for the Little Rock SIC investigation request.

Ⓙ **Contractor POC Name & Phone:** Please provide the main point-of-contact for the contracting company and contact information. This person may be contacted to provide additional information or documents in the process. All communication with this individual will include the contracting officer and COTR.

Ⓚ **Contractor POC Email:** Please provide the email address for the above mentioned point-of-contact. This email will be included in the investigation request submitted to Little Rock SIC.

Ⓛ **Contracting Officer Signature:** All requests must be signed by the contracting officer/specialist. This signature verifies that an official contract is in place prior to processing the applicants for investigation and badging.

Ⓜ **Station Number:** Please indicate the facility station number where the work is being performed/facility to be billed.

Ⓝ **Network Access:** Please indicate whether the individuals will be obtaining network access.

Ⓞ **Employee Name:** Please provide the full **legal** name of the individuals working on this task order.

Ⓟ **SSN**: Please provide complete social security numbers for all individuals listed.

Ⓠ **Email Address:** Please provide a valid email address for all individuals.

Ⓡ **DOB:** Please provide date of birth for all individuals listed.

Ⓢ **Place of Birth:** Please provide place of birth for all individuals listed, including **city**, **state** and country (if outside US). For foreign-born individuals, please provide proof of citizenship.

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CONTRACT SECURITY SERVICES REQUEST FORM #1A

(Please see Instructional Form 1a for assistance in completing this form)

☒ Badge Required? PIV Type of Badge Required

If checked, submit form 3 for contractor.

CONTRACTOR INFORMATION

Ⓐ VA Contracting Officer Name & Phone: Dana Dixon 615-225-3356

Ⓑ COTR Name & Phone: Dr. Steven Clause 615 225-3725

Ⓒ Contract End Date (**Including Options**): 31 March 2023

Ⓓ SAO Region or station (East/West/Central/776): SAO Central

Ⓔ Purchase/Task Order or Contract Number: 36c24919N0484

Ⓕ Contractor Position Description: Certified Pharmacy Techician

Ⓜ Station #: 626

Ⓖ Investigation Level (SAC/Tier 1/Tier 2/Tier 4): Tier 1

Ⓝ Network Access (Y/N): Yes

Ⓗ Contract Company Name (Subcontractor): A2A Integrated Logistics Inc

Ⓘ Contract Company Address: 1830 Owen Dr Ste 10-2

Ⓙ Contractor POC Name & Phone: Tony Bryant, CEO 973-527-5299

Ⓚ Contractor POC Email: tbryant@a2a-logistics.com

Ⓛ Contracting Officer Signature:

*****This signature verifies that an official contract is in place prior to processing the applicants for badging*****

CONTRACTOR EMPLOYEE INFORMATION

Ⓞ Employee Name (Full Legal Name)	Ⓟ SSN	Ⓠ Email Address	Ⓡ D.O.B.	Ⓢ Place of Birth (City, State/Country)

***Please use Supplemental Form 1b for additional individuals**

Revised Form November 2018

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CONTRACTOR / EMPLOYEE FINGERPRINT REQUEST INSTRUCTIONAL FORM 2A

Purpose: The Contractor/Employee Fingerprint Request is to assist individuals in obtaining fingerprinting services from VA Facilities nationwide, on behalf of the VSC. This form is required by Little Rock SIC before a request for investigation can be submitted.

Ⓐ **Full Legal Name:** Please provide full **legal** name of individual requiring fingerprints.

Ⓑ **SSN Last Four:** Please provide the last four of the individual's social security number.

Ⓒ **Contractor (Yes/No):** Please indicate whether the individual is a contractor. Contracted employees are considered contractors.

Ⓓ **VAMC Location:** Please provide the name and location of the VA Facility where the fingerprints were submitted.

Ⓔ **Station Number:** Please provide the station number of the VA Facility where the fingerprints were submitted.

Ⓕ **Date Fingerprinted:** Please provide the date that the fingerprints were submitted at the VA Facility.

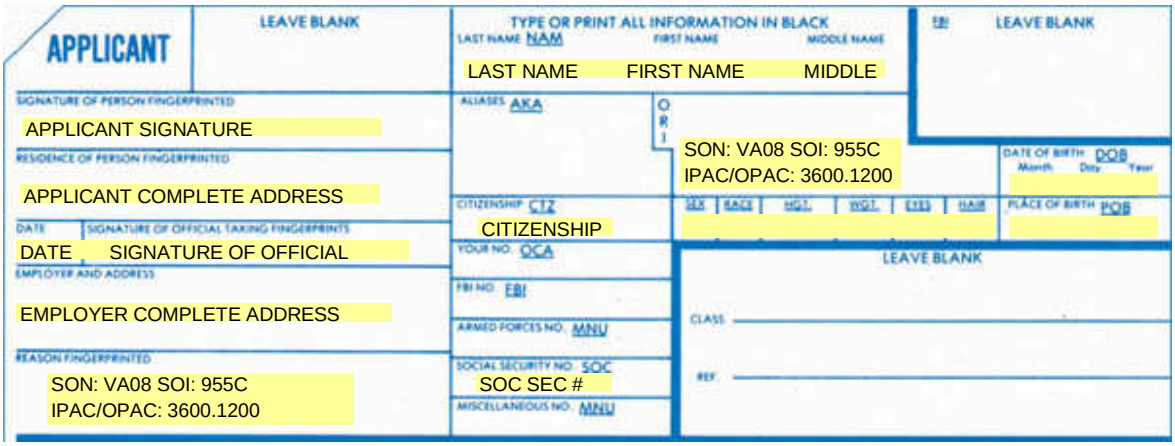
Ⓖ **Method of Fingerprinting:** Please indicate whether the fingerprints were submitted electronically or if manual fingerprints were submitted with ink and fingerprint card.

Ⓗ **Date Card Mail to OPM:** If fingerprints were submitted manually, please provide the date the card was mailed to

IMPORTANT NOTE:

If fingerprints are manually taken, please send all cards to VSC directly.

***All fields on the fingerprint card MUST be completed or the card will be destroyed.**



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CONTRACTOR/EMPLOYEE FINGERPRINTING REQUEST FORM #2

SON: 955C / SOI: VA08 IPAC/OPAC: 3600.1200

(Please see Instructional Form #2a for assistance in completing this form)

**** This form <u>must</u> be taken to the fingerprinting appointment ****

EMPLOYEE INFORMATION (PLEASE PRINT)

Ⓐ Full Legal Name (First Middle Last): _____

Ⓑ SSN Last Four: _____

Ⓒ Contractor/Federal/Other: CONTRACTOR

FACILITY INFORMATION

Ⓓ VAMC Name & Location: TNVHS 1310 24th Ave South Nashville, TN 37212

Ⓔ PIV Office Official : 626

Ⓕ Date Fingerprinted: _____

Ⓖ Method of Fingerprinting: **Electronically / Manually **Manual Prints will delay your prescreening****

Ⓗ Date Card Mailed to VSC: _____

WE DO NOT REQUIRE THIS FORM BACK UNLESS THE PRINTS ARE MANUAL.

Revised Form November 2018

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PIV SPONSORSHIP INSTRUCTIONAL FORM 3A

Purpose: The PIV Sponsorship Form is used to complete the PIV badge application through the nationwide portal. All information is required to process a PIV badge. All fields are mandatory except the VA.GOV email address.

Ⓐ **Full Legal Name:** Please provide full legal name of individual as shown on driver's license or photo ID.

Ⓑ **Date of Birth:** Please provide the date of birth of the individual.

Ⓒ **Social Security Number:** Please provide the social security number of the individual.

Ⓓ **Citizenship:** Please provide the citizenship of the individual. All foreign-born individuals will be required to submit proof of citizenship.

Ⓔ **Assigned Duty Station:** Please provide the name of the individual's assigned duty station.

Ⓕ **Address of Assigned Duty Station:** Please provide the complete address of the assigned duty station.

Ⓖ **VA.GOV Email Address:** Please provide the va.gov email address of the individual. If the individual has not had the email address established, or will not be obtaining an email address, please indicate pending or not applicable.

Ⓗ **Gender**: Please provide gender of individual.

Ⓘ **Race:** Please provide race of individual.

Ⓙ **Height:** Please provide height of individual.

Ⓚ **Weight:** Please provide weight of individual.

Ⓛ **Eye Color:** Please provide eye color of individual.

Ⓜ **Hair Color:** Please provide hair color of individual.

Ⓝ **Place of Birth:** Please provide city, state and country of individual's place of birth.
All foreign-born individuals will be required to provide proof of citizenship.

Ⓞ **Position Title:** Please provide position title of individual.

Ⓟ **Contractor Company Name:** Please provide the contracting company that the individual will be working under. If the individual is a VA employee, please indicate not applicable.

Ⓠ **Contracting Company Address:** Please provide the contracting company address. If the individual is a VA employee, please indicate not applicable.

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VHA Service Center PIV Sponsorship Form #3

(Please see Instruction Form #3a for assistance in completing this form)

Contractor / Employee Information

* All fields are mandatory except va.gov email *

Ⓐ Full Legal Name (First Middle Last): _____

Ⓑ Date of Birth (MM/DD/YYYY): _____

Ⓒ Social Security Number: _____

Ⓓ Citizenship: _____ (US Citizen, Naturalized, Non-Citizen)

Ⓔ Assigned Duty Station: SAO CENTRAL - 626

Ⓕ Address of Assigned Duty Station: TNVHS 1310 24th Ave South Nashville, TN 37212
Street Address, City, State, Zip Code

Ⓖ VA.GOV Email Address: _____

Ⓗ Gender: _____

Ⓘ Race: White - Non-Hispanic

Ⓙ Height: _____

Ⓚ Weight: _____

Ⓛ Eye Color: _____

Ⓜ Hair Color: _____

Ⓝ Place of Birth (City, State, Country): _____

Ⓞ Position Title: Certified Pharmacy Technician

Ⓟ Contractor Company Name: A2A Integrated Logistics Inc

Ⓠ Company Address: 1830 Owen Dr Ste 10-2
Fayetteville, NC 28301

Revised Form November 2018