

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

<input type="checkbox"/>	EMPLOYEE	<input type="checkbox"/>	CONTRACTOR	<input checked="" type="checkbox"/>	HEALTH PROFESSIONS TRAINEE (VHA intern, resident, fellow, student)
<input type="checkbox"/>	AFFILIATE	<input type="checkbox"/>	VOLUNTEER	<input type="checkbox"/>	OTHER:

ENTER YOUR NAME EXACTLY AS IT APPEARS ON IDs

<u>Name: (Last, First, Middle)</u>		<u>Other Last Names Used</u>	
<u>SSN</u> (use of pseudo number is not permitted)	<u>Position Title</u>	<u>Telephone #</u>	
<u>Date of Birth: (mm/dd/yyyy)</u>	<u>City/State and Country of Birth</u>		
<u>E-Mail Address</u>	<u>Country of Citizenship</u>	<u>Dual Citizen?</u>	
<u>VA Work Location</u>	<u>Organization (VHA, VBA, NCA, VACO, etc.)</u>	<u>Start Date</u>	
<u>Contractors Only: Company Name</u>		<u>Company Address/Work Email</u>	
N/A		N/A	
<u>Health Professions Trainees Only: School Name</u>		<u>Training Program</u>	

FINGERPRINT LOCATION		FINGERPRINT DATE (mm/dd/yyyy)		PREVIOUS VA 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: _____

SOI# _____

SON# _____

Fingerprint Results Cleared: YES NO (Circle One)

Date/Initials of Clearance: _____