



**VETERANS HEALTH ADMINISTRATION
WORKFORCE MANAGEMENT AND CONSULTING (10A2A)
PERSONNEL SECURITY ADVISORY**

UNIVERSAL FINGERPRINT REQUEST FORM

Document Number: VHACOPERSEC Advisory - 19-08	
Date Issued: 03/21/2019	Document Owner: VHACOPERSEC
Revision History: 01	

PURPOSE: To provide a fingerprint request form template to be used universally by all medical centers, for all employee types, to capture both local and courtesy fingerprint requests and results as well as all information needed to sponsor employees for their Personnel Identify Verification (PIV) credentials.

SCOPE: The attached form may be used by VHA facilities and should be universally accepted when presented for fingerprinting services. Note: Offices such as the VHA Service Center (VSC) and Security Investigations Center (SIC) may require additional information.

PROCESS: This fingerprint request form should be emailed to anyone requiring fingerprinting services. The body of the email will contain any required information including SOI and SON for courtesy requests. The form should be typed, printed out, and presented to receive fingerprinting services. Courtesy requestors must ensure that adequate documentation is available substantiating the request (email message can be used). *HPTs are advised to submit a copy of the completed form to their gaining station.*

1. **REFERENCES:** VHA Directive 0710: *VHA Personnel Security and Suitability Program*, dated October 11, 2018.
2. **RESCISSION:** None
3. **REVIEW:** VHA's Personnel Security Program Office (VHACOPERSEC) is responsible for reviewing this advisory on an as needed basis if updates are required.
4. **CONTENT:** Questions about the contents of this advisory should be directed to the VHACO Personnel Security mailbox at VHACOPERSEC@va.gov.

ROLAND ORLANDO
VHA Personnel Security Program Manager

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](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

<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:</u> <u>Company Name</u>		<u>Company Address/Work Email</u>
<u>Health Professions Trainees Only:</u> <u>School Name</u> <u>Training Program</u>		

<u>FINGERPRINT LOCATION</u>		<u>FINGERPRINT DATE (mm/dd/yyyy)</u>		<u>PREVIOUS VA PIV CARD HOLDER (Yes/No)</u>	
<u>GENDER (M/F)</u>	<u>HEIGHT (inches)</u>	<u>WEIGHT (US pounds)</u>	<u>HAIR COLOR</u>	<u>EYE COLOR</u>	<u>RACE/ETHNICITY</u>

Courtesy Prints for another Facility:

Facility: _____

SOI# _____

SON# _____

Specialist:

Volunteer needs Computer Access: Yes No

Fingerprint Results Cleared: YES NO (Circle One)

PIV Expiration Date:

Date/Initials of Clearance: _____ Days on Site: