

REQUEST FOR ONE-VA IDENTIFICATION 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, WDC 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 801-805 in VA system of records "Police and Security Records-VA (102VA078)". 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 One-VA ID Card, or denial of issuance of a One-VA ID Card. If you do not have a One-VA ID 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 for this collection of information is estimated to average 5 minutes including time for reviewing instructions, finding existing data sources, gathering the data, reviewing the collection of information, and completing the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the VA Clearance Officer (005E3), 810 Vermont Avenue, Washington, DC 20420.

SECTION I - APPLICANT INFORMATION

PART A - APPLICANT INFORMATION (Completed by Applicant)

<p>APPLICANT FIRST NAME <input type="text"/></p> <p>APPLICANT LAST NAME <input type="text"/></p> <p>NICKNAME USED BY APPLICANT (Optional) <input type="text"/></p> <p>DATE OF BIRTH <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>SOCIAL SECURITY NO. <input type="text"/> - <input type="text"/> <input type="text"/></p> <p>HOME PHONE NUMBER (Optional) <input type="text"/> (<input type="text"/> <input type="text"/> <input type="text"/>)</p> <p>HOME E-MAIL ADDRESS (Optional) <input type="text"/></p> <p>IS APPLICANT A FOREIGN NATIONAL? <input type="button" value="No"/></p>	<p>APPLICANT MIDDLE NAME <input type="text"/></p> <p>APPLICANT GENERATION QUALIFIER <input type="button" value="▼"/></p> <p>VA ACTIVE DIRECTORY ACCOUNT NAME (Optional) <input type="text"/></p> <p>CREDENTIALS <input type="button" value="▼"/></p>
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PART B - EMPLOYMENT INFORMATION (Completed by Manager or Sponsor)

<p>NAME OF FACILITY OR ASSIGNED DUTY STATION <input type="text"/></p> <p>STREET ADDRESS OF FACILITY OR ASSIGNED DUTY STATION <input type="text"/></p> <p>CITY OF FACILITY OR ASSIGNED DUTY STATION <input type="text"/></p> <p>STATE OF FACILITY OR ASSIGNED DUTY STATION <input type="button" value="AK"/></p> <p>NAME OF SPONSORING DEPARTMENT, SERVICE, OR SECTION <input type="text"/></p> <p>CREDENTIALS/ORGANIZATIONAL TITLE (AKA Position/Job Title) <input type="text"/></p> <p>WORK PHONE NUMBER <input type="text"/> (<input type="text"/> <input type="text"/> <input type="text"/>)</p>	<p>ZIP CODE OF FACILITY OR ASSIGNED DUTY STATION <input type="text"/></p> <p>MAIL ROUTING SYMBOL <input type="text"/></p> <p>COST CTRL. <input type="text"/></p> <p>WORK PHONE EXTENSION <input type="text"/></p>
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PART C - TYPE OF REQUEST AND EMPLOYMENT STATUS (Completed by Manager or Sponsor)

<p>TYPE OF REQUEST <input type="button" value="New ID"/></p> <p>TYPE OF BADGE <input type="button" value="PIV"/></p>	<p>LOGICAL ACCESS (Complete Part D) <input type="checkbox"/></p> <p>PHYSICAL ACCESS (Complete Part E) <input type="checkbox"/></p>	<p>EMPLOYMENT STATUS <input type="button" value="VA Employee"/></p> <p>AFFILIATION DESCRIPTION <input type="text"/></p>
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PART D - LOGICAL ACCESS DATA (Completed by Manager or Sponsor)

AD SEARCH RESULTS

PART E - PHYSICAL SECURITY ACCESS DATA (Completed by Manager or Sponsor)

<p>SPECIAL SECURITY ACCESS REQUIRED <input type="button" value="▼"/></p> <p>EMERGENCY RESPONDER <input type="checkbox"/></p> <p>CRITICAL EMPLOYEE <input type="checkbox"/></p>	<p>SPECIFY LOCATION OF SPECIAL SECURITY (i.e., tower, bldg. no., etc.) <input type="text"/></p>
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PART F - CONTRACTORS, AFFILIATES, AND TEMPORARY EMPLOYMENT INFORMATION (Completed by Manager or Sponsor)

<p>EMPLOYMENT EXPIRATION DATE <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>NAME OF CONTRACTING OFFICER TECH. REP./AFFILIATE REP. <input type="text"/></p>	<p>CONTRACT END DATE <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>NAME OF RESPONSIBLE VA ORGANIZATION <input type="text"/></p>	<p>NAME OF FIRM OR COMPANY <input type="text"/></p>
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PART G - MANAGER INFORMATION (Completed by Manager of New Employees Only)

CERTIFICATION: I certify under penalty of perjury that the information on Section I, Parts B, C, D, E, and F is true and correct.

DATE SIGNED
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MANAGER SIGNATURE