

**PERSONNEL SECURITY DATA FORM  
CONTRACTOR**

OMB Control Number: XXXX-XXXX



**National Credit Union Administration**  
Office of Continuity and Security Management

**Section A: Applicant Information**

Name (Legal Family)		First (Legal Given)	Middle (or NMN if none)	Other Names Used	Suffix
Social Security Number	Date of Birth MM/DD/YYYY	Place of Birth (City and State)		Country	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Home Street Address			U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Naturalized U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
			<b>Non-U.S. citizens, see instructions below</b>		
			Email Address	Phone Number	

**Section B: Contract Information**

Risk Level <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	NCUA COR or Point of Contact	Company Name (Prime)
Applicant will require (select all that apply): <input type="checkbox"/> IT Access <input type="checkbox"/> PIV Card <input type="checkbox"/> Building Pass	Other NCUA Point of Contact	Company Name (Sub-Contractor)
What is the Applicant's physical duty station? <input type="checkbox"/> Eastern (1) <input type="checkbox"/> Southern (2) <input type="checkbox"/> Western (3) <input type="checkbox"/> Central Office <input type="checkbox"/> Field	Office/Region Supporting	Contract Number
Contractor Dates of Service <input type="checkbox"/> Long Term <input type="checkbox"/> Temporary less than 6 months <input type="checkbox"/> Intermittent: Anticipated active months with NCUA over the next year?		

**INSTRUCTIONS**

**Use:** This form, in its entirety, must be submitted for any contractor requiring access to NCUA information, systems, or facilities.  
**Submission:** A typed document is preferred to avoid delays and incorrect information. The applicant's full legal name is required. All documentation must be submitted by the COR to Personnel Security at [PersonnelSecurity@NCUA.gov](mailto:PersonnelSecurity@NCUA.gov).  
**Non-U.S. Citizens:** If the applicant is a non-U.S. citizen, submit a copy of their foreign passport and work authorization documents along with this form (i.e. permanent resident card).  
**Access:** *Contractor Dates of Service* will be utilized to determine an end date for the applicant's services (i.e. termination of access). Utilize the end of the contract, if another date has not been established.

**Privacy Act: AUTHORITY:** 5 CFR § 731 and 736; Executive Order 13467; Executive Order 12968/SEAD 4. Disclosure of the requested information is not mandatory. **PURPOSE:** To assist NCUA personnel in making an informed decision regarding suitability for federal employment, fitness for contract employment, and/or granting of a security clearance. **ROUTINE USE(S):** In addition to the disclosures generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act, the information contained herein may specifically be used to document the outcome of adjudicative determination for the issuance of the HSPD-12 PIV card or the local agency access badge, and to document the outcome of adjudicative determinations for suitability, fitness, and/or national security clearances. Contact information is used for communication and authentication purposes. A complete list of Routine Uses is available at [NCUA-1](#), Personnel Access and Security System (81 FR 12748). **EFFECTS OF NOT PROVIDING INFORMATION:** The requested information is needed to process your claim for employment and/or access. Disclosure of your personal information is voluntary. However, failure to provide the requested information may result in removal from the hiring process. **SORN:** [NCUA-1](#), Personnel Access and Security System (81 FR 12748), Office of Personnel Management OPM/Central-9.

**Paperwork Reduction Act Statement:** This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is XXXX-XXXX. We estimate that it will take 10 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: NCUA, Office of Continuity and Security Management, 1775 Duke Street, Alexandria, VA 22314-3428.