

**Personal Identity Verification Official (PIV-O) Credential and Shield Request** OMB No. 1601-NEW

PRIVACY ACT STATEMENT

**AUTHORITY:** Homeland Security Presidential Directive 12, "Policy for a Common Identification Standard for Federal Employees and Contractors"; DHS Directive 121-01, "Chief Security Officer"; DHS Directive 121-03, "Common Identification Standard for DHS Employees, Contractors, Visitors, and Affiliates"; DHS Instruction 121-01-002, "Personal Identity Verification Official Credentials and Shields".

**PRINCIPAL PURPOSES:** Use this form to request a DHS PIV-O credential, and if applicable a shield to accompany the credential, for specific positions authorized to perform official functions pursuant to law, statute, regulation, or DHS Directive.

**ROUTINE USE(S):** The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as authorized by the routine uses published in System of Records Notice "DHS/ALL-026 Personal Identity Verification Management System" (74 FR 30301).

**DISCLOSURE:** The disclosure of information on this form is voluntary; however, failure to provide the information requested will prevent the applicant from receiving the requested DHS PIV-O credential and/or shield.

PUBLIC BURDEN STATEMENT

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering any required information, completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: [DHS/SPD-12POLICY@HQ.DHS.GOV](mailto:DHS/SPD-12POLICY@HQ.DHS.GOV).

**Section 1: Request Type**

Enter the date and select a checkbox for each request type; more than one may apply. For example, a new hire to a position that requires a DHS PIV-O Credential and DHS Shield may select the Initial Issuance checkboxes for both types.

Request Date					
Type	Initial Issuance	Reissue - Lost/Stolen	Reissue - Position/Credential Update	Retire/Separate	Honorable Service
DHS PIV-O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DHS Shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 2: Application Information**

Enter the applicant's information. An example of an Office/Division within DHS HQ is "I&A". If the Electronic Data Interchange Personal Identifier (EDIPI) is unknown, then provide the last four digits of the applicant's Social Security Number (SSN).

Name (Last, First, MI)

E-mail  Phone Number

Entire EDIPI or Last 4 of SSN  Office/Division

DHS Component

**Section 3: Position Information**

Enter the position title as it will appear on the DHS PIV-O credential. The OPM job series and name is applicable only for Federal employees.

Personnel Type  Credential Position Title

OPM Job Series  OPM Job Series Name

**Section 4: Justification**

The Authorizing Official must provide a justification or legal authority that adequately supports the need for a DHS PIV-O credential and/or shield. Eligibility criteria is listed in DHS Instruction 121-01-002.

**Section 5: Authorizing Official**

The Authorizing Official must provide their name, contact information, and digital signature. The Authorizing Official may vary according to organizational structure. Examples are provided below.

- **Federal Employees: Head of a Division, Office, or Program**
- **Contractors: Contracting Officer's Representative, Program Manager, or Federal Supervisor**
- **Foreign Nationals or other Affiliates: Program Manager or Federal Supervisor**

By signing this form, the Authorizing Official certifies that the applicant is assigned to a position that meets the eligibility criteria for receiving a DHS PIV-O credential and/or shield in accordance with DHS Instruction 121-01-002. Submit the completed form to the applicable DHS Credentialing Facility (DCF).

Name (Last, First, MI)

Office/Division  Position Title

E-mail  Phone Number

Digital Signature

**Section 6: Disposition (For DCF Internal Use Only)**

Select the appropriate disposition for the request. If the request is disapproved, provide notification and the reason(s) for the disapproval to the originating office. Provide the name of the DHS PIV-O template type, shield type if applicable, and the adjudicating official's digital signature.

Disposition  PIV-O Type

Shield Type  Adjudicated By