



Department of Veterans Affairs

VBA CONTRACTOR BACKGROUND INVESTIGATION REQUEST

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on Page 2. Use this form to submit contractor background investigation requests. If you have questions about this request form, we can be reached by telephone (202) 461-9422 or by email at PersonnelSecurity.vbaco@va.gov. After completing the form, the Contracting Officer Representative (COR) will upload it to: <https://va-vet.lightning.force.com>.

SECTION I: APPLICANT INFORMATION *(Completed by Applicant)*

NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, and completely fill in each applicable check box to help expedite processing of the form.

1. APPLICANT'S LEGAL NAME *(First, Middle Initial, Last)*

2. SOCIAL SECURITY NUMBER

3. COUNTRY OF BIRTH

4. CITY AND STATE OF BIRTH

5. DATE OF BIRTH *(MM/DD/YYYY)*

6. CITIZENSHIP

7. CURRENT MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

8. NAME AND ADDRESS OF ASSIGNED DUTY STATION *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

9. EMAIL ADDRESS ***(REQUIRED)***

SECTION II: CONTRACT INFORMATION *(Completed by Contracting Officer Representative (COR))*

10. NAME OF CONTRACTOR'S COMPANY

11A. CONTRACT NUMBER

11B. CONTRACT START DATE *(MM/DD/YYYY)*

11C. CONTRACT END DATE *(MM/DD/YYYY)*

12. COMPANY/VENDOR POINT OF CONTACT *(POC)*

13. POC TELEPHONE NUMBER

14. POC EMAIL ADDRESS

SECTION III: CONTRACTING OFFICER REPRESENTATIVE INFORMATION *(Completed by COR)*

15. NAME OF CONTRACTING OFFICER REPRESENTATIVE (COR)

16. COR LOCATION *(City and State)*

17. COR EMAIL ADDRESS

18. COR BUSINESS LINE/STAFF OFFICE/REGIONAL OFFICE

SECTION IV: SPONSOR INFORMATION

19. NAME OF SPONSOR CONTRACTING OFFICER REPRESENTATIVE *(COR)*

20. NAME AND ADDRESS OF FACILITY OR ASSIGNED DUTY STATION

21. TYPE OF PERSONNEL IDENTIFICATION VERIFICATION (PIV) REQUEST *(Select one)*

22. TYPE OF ACCESS *(Select one)*

SECTION V: TYPE OF BACKGROUND CHECK

23. SELECT TYPE

23A. DATE INITIATED BACKGROUND INVESTIGATION (MM/DD/YYYY)	23B. DATE SAC INITIATED (MM/DD/YYYY)	23C. DATE ADJUDICATED BACKGROUND INVESTIGATION (MM/DD/YYYY)	23D. DATE SAC ADJUDICATED (MM/DD/YYYY)
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SECTION VI: APPLICANT SELF CERTIFICATION OF CONTINUOUS SERVICE

24. Federal employment is defined as service in any branch of the United States military (Active, Guard, or Reserve), federal government civilian employment (any federal government agency), or a contractor working for the federal government. I hereby certify my break in service from my last federal employment is indicated by the block checked below.

- I have NOT had a break in service. *(Select one option)*
 - My service was intra-agency (i.e., VA, VBA, VHA, NCA)
 - My service was inter-agency (other government agency, i.e., DOD, FBI, CIA, DOS, HHS, DHS, NSA, DOJ, NIH, etc.)
- My break in service was less than 60 days.
- My break in service was greater than 60 days, but less than two (2) years.
- My break in service is greater than two (2) years **OR** I have never had federal employment as defined above.

25. SIGNATURE OF APPLICANT	26. DATE (MM/DD/YYYY)
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SECTION VII: CERTIFICATION AND SIGNATURE

I CERTIFY THAT I have completed this statement and that its information is true and correct to the best of my knowledge and belief.

27. SIGNATURE (REQUIRED)	28. DATE SIGNED (MM/DD/YYYY)
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PENALTY: The law provides severe penalties (including fine and/or imprisonment) for willfully submitting any statement or evidence of a material fact you know to be false, or for fraudulent receipt of any document you are not entitled to.

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, WOC 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 901-905 in VA system of records "Police and Security Records-VA (103VA07B)". 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 Personal Identity Verification Card, or denial of issuance of a Personal Identity Verification Card. If you do not have a Personal Identity Verification 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.

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0915, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0915 in any correspondence. Do not send your completed VA Form 20-10276 to this email address.