

NA Form 6006, Facility Access Media (FAM) Request - Part 2

6006 Form Part 2 - Candidate PIV/Access Request Submission

This form is required to complete your Personal Identity Verification (ID Card) request. If the Unique Submission Identifier is blank, please see the email you received containing this link.

* Indicates required question

Privacy Act Statement

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information is authorized by 44.U.S.C. 2104. Disclosure of the information is voluntary. The information provided will be used to prepare and issue an identification card or pass. Additionally, the information may be provided to an expert, consultant, or contractor of NARA to assist NARA in the performance of its duties. If some or any of the information is not provided by the candidate, the effect will be that the Facility Access Media may not be issued, resulting in the candidate being denied access to NARA facilities and IT systems.

Fingerprint Retention Policy

As a condition of employment, all personnel must undergo a background investigation for access to National Archives and Records Administration facilities, systems, information, and/or classified materials before they can enter on duty. Through this process, the Federal Bureau of Investigation (FBI) maintains Federal employee fingerprint images to report any criminal activity by employees to their agencies, specifically any criminal activity that may occur after the completion and adjudication of the required background investigation. Agencies are required to provide a notification to all employees of their rights with respect to the collection and use of fingerprints, and to the accuracy of the information obtained from this continuous vetting process. This notification serves as that notice. You can find the [FBI Privacy Act Statement at this link](#).

In most cases, the NARA's Office of Human Capital will not need anything further from you to complete this process. If our records do not contain a classifiable fingerprint for you, NARA's Office of Human Capital will make arrangements with you at a later date to obtain an updated fingerprint.

Paperwork Reduction Act Public Burden Statement

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Public burden reporting for this collection of information is estimated to be 3 minutes per response. Send comments regarding the burden statement or any other aspect of the collection of information, including suggestions for reducing this burden to the National Archives and Records Administration (MP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

NA Form 6006 (07-23) Required by NARA 275

OMB Control No. 3095-0057, Expiration date: 01/31/2027

- 1. Your Unique Submission Identifier. **The value in this space links the initial request to your response. Do not delete or change this value.** *

- 2. Your last name. *

- 3. Your first name. *

- 4. Your middle name (enter NMN if you do not have a middle name) *

- 5. Name aliases (maiden name or any other applicable)

6. Name Suffix (Jr., Sr., III., etc)

Personal Information

This information will be submitted directly to the security office.

7. Social Security Number *

8. Date of Birth *

Example: January 7, 2019

9. Place of Birth: Country *

10. Place of Birth: City *

11. Place of Birth: State *

12. Height *

13. Weight *

14. Eye Color *


15. Hair Color *

16. Personal Phone *

17. Home Address *

18. Home Address: City *

19. Home Address: State *

 Dropdown

Mark only one oval.

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska

- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

20. Zip Code *

21. Country of Citizenship *

22. Add additional information you think we might need to process your PIV/Access request.

Before submitting, **please verify that the information you've entered is true and correct.** Any errors in your submission will delay the process.

23. Please indicate your sex. *

Mark only one oval.

Male

Female

24. Please indicate your race or national origin. *

Mark only one oval.

American/Alaskan Native

Asian or Pacific Islander

Black or African American

White

Other: _____

Final Submission

25. Please type your full name below to certify your responses. *

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