

Applicant Information for PIV Card

Service you will be working with:	Service's PIV Sponsor:	Sponsor's Extension:
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Information contained herein is deemed confidential. This information shall not be transmitted to anyone without proper consent or other authorization as provided for by law or regulations. (36 U.S.C. 3305 and the Privacy Act of 1974 (P.L. 93-579)). This document will be destroyed upon issuance of the PIV Card.

Part A- Applicant Information

Note: You must bring two forms of identification from the PIV Proofing Criteria

First Name:	Identified by two IDs
Middle Name:	Identified by two IDs
Last Name:	Identified by two IDs
Generational Qualifier: <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	SSN:
Date of Birth:	Foreign National: <input type="checkbox"/> Yes <input type="checkbox"/> No

Part B – Employment Information

Duty Station: 662	Mail Symbol (if known):	Cost Center(if known):
Position Title:	Work Phone:	
Employee Status: <input type="checkbox"/> VA Employee <input type="checkbox"/> Affiliate <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> Temp Employee		
Estimated length of time working with the VA:		
Less than 180 days: <input type="checkbox"/> More than 180 days: <input type="checkbox"/>		
Emergency Responder: <input type="checkbox"/> Yes <input type="checkbox"/> No	Critical Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you are an emergency responder please see Brynn Cole in Building 2 Room 68 for review and concurrence.</i>	Special Access Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Initial _____ Date _____	Where?(Buildings/Rooms): General Access	

Height:	Weight:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth (City/State/Country):		
VA Email Address (if known):		

Please Check only ONE choice for the following sections:

Race	Eye Color	Hair Color
<input type="checkbox"/> American Indian	<input type="checkbox"/> Black	<input type="checkbox"/> Black
<input type="checkbox"/> Black-non-Hispanic	<input type="checkbox"/> Gray	<input type="checkbox"/> Brown
<input type="checkbox"/> Asian/Pacific Island	<input type="checkbox"/> Blue	<input type="checkbox"/> Blonde
<input type="checkbox"/> White-non-Hispanic	<input type="checkbox"/> Green	<input type="checkbox"/> Gray
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Brown	<input type="checkbox"/> Red
	<input type="checkbox"/> Hazel	<input type="checkbox"/> White

Note: All highlighted fields must be completed