

Date: _____

Applicant Data

Name: _____
(Last Name) (First Name) (Middle Name)

Phone Number or Office Ext: (_____) _____

Use OF-306 and Form 1-9 to record all PII related data

Category Type (select one)

Employee Regular *Fee Basis *Temp Employee _____ SNT GNT Valor

Other: _____

Affiliate: Resident Intern Fellow Student Volunteer Work Study

Other _____

Affiliates (provide dates of your program) Start: _____ End: _____

Service: _____ Position Title: _____

Signature of Applicant: _____

My signature above denotes I understand that, if issued a badge, it is federal property and it must be returned when my status with VACCHCS Fresno terminates. You must provide unexpired government issued identification, and if a non US born citizen, you must provide original documentation that proves lawful residence in the US.

Service Official Name and Signature: _____

** A facility employee signature who is serving as the Point of Contact for the request to fingerprint is required above for all personnel processing for initial fingerprinting; this does not apply to employees who report for employment.

PIV Processing

Reason for fingerprinting (circle one):

Incoming Fingerprints PIV Renewal Courtesy Fingerprint Out

PIV Type Requested (circle one):

Full PIV (employees only!) NON-PIV (only for those who require network access) Flash PIV

Source of Investigation Verification: PIPS / EOPF / RECIP

Type of Investigation: SAC NACI MBI BI Other: _____

Investigation Scheduled/Closed/Adjudicate Date: _____