Department of Veterans Affairs

REQUEST FOR PERSONAL IDENTITY VERIFICATION CARD

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.

PAPERWORK REDUCTION ACT NOTICE: The public reporting burden is approximately 5 minutes including time to review instruction, find the information, and complete this form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (005E3), 810 Vermont Avenue, Washington, DC 20420.

SECTION I - APPLICANT INFORMATION									
	APPLIC	ANT INF	ORMATION (Complet	ed by 2	Applicant)				
1. LEGAL NAME OF APPLICANT (Insert last , first , middle and suffix name)		ame)	2 NICKNAME TO BE USED FOR APPLICANT (Insert last name and first name, if applicable)						
3. DATE OF BIRTH (<i>MMIDDIYYYY</i>)	4. SOCIAL SECURITY NO.		5. HOME PHONE NUMBER (Include Area Code) (Optional)						
6. HOME E-MAIL ADDRESS (Optional)			7. HOME ADDRESS						
8. SIGNATURE OF APPLICANT			9. DATE SIGNED						
SECTION II - SPONSOR VERIFICATION (Completed by Sponsor)									
	PART A - APPLICAN	NT EMPL	OYMENT INFORMA	TION	(Completed b	y Spons	or)		
1. NAME AND ADDRESS OF FACILITY OR ASSIGNED DUTY STATION Portland VA Medical Center Research & Development Service 3710 SW US Veterans Hospital Road Portland, OR 97239		l	2. NAME OF SPONSORING DEPARTMENT, SERVICE. OR SECTION, AND MAIL ROUNTING SYMBOL Research & Development Service, R&D 3. CREDENTIALS/ORGANIZATIONAL TITLE (AKA Position/Job Title) 4. COST CTR.						
			5. WORK PHONE NUMBER 6. WORK E-MAIL ADDRESS						4. 0001 011.
	PART B - TYPE OF REC	QUEST A	ND EMPLOYMENT	STAT	US (Complete	ed by Sp	onsor)		
1. TYPE OF REQUEST									
NEW ID RENEWAL REPLACEMENT ID (Damaged/Lost) CHANGE LEVEL OF ACCESS									
2. TYPE OF CARD			3. TYPE OF ACCESS						
PERSONAL IDENTITY VERIFICATION (PIV)		DOGICAL ACCESS (Complete Part C)							
4. EMPLOYMENT STATUS PI VA EMPLOYEE									
			AFFILIATE (Specify)					A EMPLO	YMENT
			URITY ACCESS DA	<u> </u>		• · · ·			
1. SPECIAL SECURITY ACCESS REQUIRED 2. SPECIFY LOCAT SECURITY (i.e. town ☑ YES (If "YES", Specify in Item 2) □ NO								CRITICAL	
	_				RITICAL EMPI] NEITHE	R
PART D - TYPE OF BACKGROUND INVESTIGATION FOR POSITION (Completed by Sponsor) TYPE OF BACKGROUND INVESTIGATION FOR POSITION									
SAC NACI SECRET TOP SECRET OTHER (Specify)									
PART E - CO	NTRACTORS, AFFILIATES	S, AND T	EMPORARY EMPLO	OYME	NT INFORM	IATION	(Completed by Spor	ısor)	
 EMPLOYMENT EXPIRATION DATE /((MM/DD/YYYY)(For Contractors, Affilia 		ent)	2. NAME OF FIRM OF	R COM	PANY (if appli	icable)			
/									
3. NAME OF CONTRACTING OFFICER TECH. REPR. (if applicable)			4. NAME OF RESPON	ISIBLE	E VA ORGANI	ZATION	I	5. MAII	ROUTING SYM.
VA FORM 0711 OCT 2006 (RS)								Adob	eFormsDesigner

NIME OF SPONSOR 2 SPONSOR CREDENTIAL SORGANIZATIONAL TITLE Sharon Jacky Administrative Officer	PART F - SPONSER INFORMATION (Completed by Sponsor)													
Sharon Jacky Administrative Officer CERTIFICATE NAMEER (Issaed by PCI Manager or Regarem A SIGNUTURE OF SPONSOR EVALUATE OF SPONSOR S DATE SIGNED AMAQDYYYY Administrative Officer S DATE SIGNED AMAQDYYYY Portland VA Medical Center Research & Development Service, OR SECTION SECTION III - APPLICANT IDENTITY VERIFICATION (Completed by Registrar) NTRUCTIONS: To be completed and signed by Registrar at the time of proofing. Review Section 1 - Appleant Binstmation forwarded, by the ponsor and record the details must have have provided. The identification must follow these guidelines: One State of Federal Duma contains a pholograph. Via Data Diministration Growarded, by the ponsor and record the details must have provided. The identification must follow these guidelines: One State of Federal Duma contains a pholograph. Via Data Diministration Growarded, by the ponsor and record the details must have provided. The identification must follow these guidelines: One State of Federal Duma contains a pholograph. Via Data Diministration Growarded, by the ponsor and record the details must have have forwarded on the Accepted Bind Information Growarded, by the ponsor and record the details must have have by Orthog Diministration Growarded, by the ponsor and record the details must have have by Orthog Diministration Growarded of a SAC crists, then explore fingerprint data and process accordingly PART A - BACKBONING CHECK A DATE INTARED BACKBONING CHECK A DATE INTARED BACKBONING CHECK A DATE MATATED BACKBONING CHECK A DATE MARCH	CERTIFICATION: I Certify under penalty of perjury that the information in Section II is true and correct.													
CRETECATE NUMBER (sourced by PCI Manager or Register) 48-182 5. DATE BIGNED AMA/DOYVYY 48-182 7. NAME OF SERVICES 7. NAME OF	1, NAME OF SPONSOR				2. SPONSOR CREDENTIALS/ORGANIZATIONAL TITLE									
V48-182 7. NAME OF SPONSORS DEPARTMENT, SERVICE, OR SECTION VOID ADDRESS 7. NAME OF SPONSORS DEPARTMENT, SERVICE, OR SECTION Presearch & Development Service Presearch & Development Service, OR SECTION Y10 SW USS Veterans Hospital Road Solary Section 1 Portland VA Medical Center Research & Development Service, R&D SWDRE Kanker, ADDRESS Sharon jacky@va gov Section III - APPLICANT IDENTIFY VERHIFCATION (Completed by Registram) NSTRUCTIONS: To be completed and signed by Registram at the time of profing Review Section 1 - Applicant Information forwarded, by the present was on the identification are polyted. The Bett is a full middle name, and the other has a middle initial, then the initial must match). One State or feedral ID must oncitation and sphotopath. Bob tub must be corrently valid, not expired. • Verify that the applicant has background information on The. The evidence of a SAC exists, then exputer fingerprint data and process accordingly. PART A - BACKGROUND CHECK 1. TYPE OF BACKGROUND CHECK • Date Background or the Part Background information on The. The evidence of a SAC exists, then exputer fingerprint data and process accordingly. PART A - BACKGROUND CHECK 1. TYPE OF BACKGROUND CHECK • Date Background or the Part B - PhotOGGRAPHIC IDENTIFICATION NUMBER 1 EACCT TIME LISED ON IPHOTO ID 2. DOCUMENT IDENTIFICATION NUMBER 2 EART	Sharon Jacky													
WORK ADDRESS 1. NAME OF SECNISORES DEPARTMENT, SERVICE, OR SECTION Portland VA Medicial Center Research & Development Service, R&D Verify Math Development Service, R&D 8 WORK FRANK ADDRESS Sharon Tack Make Association 9 Work Make Association Verify that the applicant that background information on the Cencept development 1:et 9 Work Make Association was match exactly (If one TD has a full middle name, and the other has a middle initial must match) One State or Federal ID must contain a photograph. 9 But ASSOCIATE ASKOROUND CHECK A DATE INTITACE BACKGROUND CHECK If YERG FRANK ADDRESS A DATE INTITACE BACKGROUND CHECK If YERG FRANK ADDRESS A DATE INTITACE BACKGROUND CHECK If YERG FRANK ADDRESS A DATE INTITACE BACKGROUND CHECK If YERG ADDRESS DATE INTITACE BACKGROUN	3. CERTIFICATE NUMBER (Issued by PCI Manager	or Registrar)	4	I. SIGI	NATURE OF	SPONSOR		5. DATE SIGNED (MM/DD/YYYY)						
Portland VA Medical Center Research & Development Service, RD Research & Development	648-182													
Seearch & Development Service Number Procession 1710 SW US Velerans Hospital Road 5.0008 Procession 5.0008 Procession 5.0008 Procession 1710 SW US Velerans Hospital Road 5.0008 Procession 5.0008 Procession 5.0008 Procession 1710 SW US Velerans Hospital Road 5.0008 Procession 5.0008 Procession 5.0008 Procession 1710 SW US Velerans Hospital Road 5.0008 Procession 5.0008 Procession 5.0008 Procession 1710 SW US Velerans Hospital Road 5.0008 Procession 5.0008 Procession 5.0008 Procession 5.0008 Procession 1710 SW US Velerans Hospital Road 5.0008 Procession 5.0008 Processio			7	7. NAN	ME OF SPON	ISOR'S DEPAI	ECTION							
b710 SW US Veterans Hospital Road 503-273-5125 brothand, OR 97239 B. WORK-EMAIL ADDRESS sharon Jacky@va.gov SECTION III - APPLICANT IDENTITY VERIFICATION (Completed by Registrar) NSTRUCTIONS: To be completed and signed by Registrar at the time of proofing. Review Section I - Applicant Information forwarded, by the points and record the details in the spece provide. It is definitication and the other has a middle initial, then the initial must match. b Applicant must present two (2) forms of identification from the Accepted Identification Documentation List. The names on the identification more matche accept (from Dis S at III in devidence of a SAC exists, then capture fingerprint data and process accordingly. PART A - BACKGROUND CHECK I. TYPE OF BACKGROUND CHECK I. NOTICABLE SCARS AND TATTOOS PART B - PHOTOGRAPHIC IDENTIFICATION NUMBER 1 I. EXPRATION DATE (AMIDDIYYYY) I. ISSUMCE DATE (AMIDDIYYYY) <	Portland VA Medical Center				Research & Development Service, R&D									
Portland, QR 97239 District 3-125 9: WORK EVAML ADDRESS sharton, Jacky (20v a, gov SHORE, REAML ADDRESS sharton, Jacky (20v a, gov SECTION III - APPLICATIO NULCANT IDENTIFICATION (Completed by Registrar it promove and record the details in the space provided. The identification must follow these guidelines: Applicant must present two (2) forms of identification from the Accepted Identification Documentation List. The names on the identification must make exactly (If one ID has a full middle name, and the other has a middle initial, then the initial must match). One State of Federal ID must contain aphotograph. North of the state state of the state of providence of a SAC exists, then capture fingerprint data and process accordingly. PART A - BACKGROUND CHECK I. TYPE OF BACKGROUND CHECK I. NOT IN CONTRATE BACKGROUND CHECK I. NOT INCAPILE BACKGROUND CHECK </td <td></td> <td></td> <td>8</td> <td>3. WOF</td> <td>RK PHONE N</td> <td>IUMBER (Includ</td> <td>de Area Code</td> <td>e)</td> <td></td> <td></td> <td></td>			8	3. WOF	RK PHONE N	IUMBER (Includ	de Area Code	e)						
Shard Durbase Shard					503-273-5125									
SECTION III - APPLICANT IDENTITY VERIFICATION (Completed by Registrar) NSTRUCTIONS: To be completed and signed by Registrar at the time of proofing. Review Section 1 - Applicant Information forwarded, by the pomoar and record the details in the spece provided. The identification mounts blow these guidelines: Applicant must present two (2) forms of identification from the Accepted Identification Documentation List. Den anse, on the identification and the identification of all middle name, and the original documents. Both IDs must be currently valid, not expired. One State or Federal ID must contain a photograph. Both IDs must be original documents. Both IDs must be currently valid, not expired. Verify that the applicant has background information on file. If no evidence of a SAC exists, then capture fingerprint data and process accordingly. PART 1 a BACKGROUND OFECK INTER BACKGROUND CHECK INTYPE OF BACKGROUND CHECK OTHER (Specify) INTRUE REDURED BACKGROUND CHECK INTYPE OF BACKGROUND CHECK OTHER (Specify) INTRUE REDURED? INTRECERPTINE CAPTURE REDURED? OTHER (Specify) INCERPTINE CAPTURE REDURED? INTRUE PROUGED PART B - PHOTOGRAPHIC IDENTIFICATION NUMBER 1 EXPIRATION DATE (MMIDDIYYYY) IDOCUMENT TYPE 5 ISSUANCE DATE (MMIDDIYYYY) 6 ISSUING AUTHORITY IDOCUMENT TYPE 5 ISSUANCE DATE (MMIDDIYYYY) 6 ISSUING AUTHORITY														
NSTRUCTIONS: To be completed and signed by Registrar at the time of proofing. Review Section 1 - Applicant Information forwarded, by the pipone and record the details in the pasce provided. The identification must follow these guidelines: A pplicant must present two (2) forms of identification from the Accepted Identification Documentation List. A partial must present two (2) forms of identification from the Accepted Identification Documentation List. A partial must present two (2) forms of identification on file. If no evidence of a SAC exists, then capture fingerprint data and process accordingly. PART A - BACKGROUND CHECK I. TYPE OF BACKGROUND CHECK A DATE INTITATED BACKGROUND CHECK I. TYPE OF BACKGROUND CHECK PART B - PHOTOGCRAPHIC IDENTIFICATION NUMBER 1 EXACT NAME LISTED ON PHOTO ID 2. DOCUMENT TOPE DOCUMENT TYPE 5. ISSUANCE DATE (MMDDPYYYY) 6. ISSUING AUTHORITY PART C - IDENTIFICATION NUMBER 2. DECUMENT TOPE C. SUSUANCE DATE (MMDDPYYYY) 3. NAME CON DATE (MMIDDPYYYY) 4. ISSUING AUTHORITY PART C - IDENTIFICATION NUMBER 2. DOCUMENT TYPE 5. ISSUANCE DATE (MMDDPYYYY) 5. ISSUANCE DATE (MMDDPYYYY) 5. ISSUING AUTHORITY PART C - IDENTIFICATION NUMBER 2. DOCUMENT TYPE 5. ISSUANCE DATE (MMDDPYYYY) 5. ISSUING AUTHORITY PART C - IDENTIFICATION NUMBER 2. DOCUMENT TYPE 5. ISSUANCE DATE (MMDDPYYYY) 5. ISSUANCE DATE (MMDDPYY														
ponsor and record the details in the space provided. The identification must follow these guidelines: Applicant must present two (2) forms of identification from the Accepted Identification Documention List. The names on the identification must match exactly (If one ID has a full middle name, and the other has a middle initial, then the initial must match). O he State or Federal ID must contain a photograph. Both IDs must be original documents. Both IDs must be currently valid, not expired. PART A - BACKGROUND CHECK I TYPE OF BACKGROUND A DATE INTTATED BACKGROUND A DATE MANDAUGTED BACKGROUND A DATE MANDAUGTED BACKGROUND A DATE MANDAUGTED BACKGROUND A DATE MANDAUGTED A DATE INTTATED BACKGROUND A DATE MANDAUGTED A DATE MANDAUGT														
Applicant must present two (2) forms of identification from the Accepted Identification Documentation List. The names on the Identification must match exactly (If one ID has a full middle name, and the other has a middle initial, then the initial must match). O hor State of Federal ID must contain a photograph. PART A - BACKGROUND CHECK A. DATE INITIATED BACKGROUND CHECK (MMIDDI/YYY) A. SEX A. RACE A. RACE A. RACE A. RACE A. RACE A. RACE A. RACE A. RACE A. RACE A. RACE A. RACE A. RACE A. RACE A. RACE A. RACE A. RACE A. RACE A. RACE A. RACE A. RACE A. R								n I - A	pplica	nt Informa	ation forwarded, by the			
The names on the identification must match exactly (If one ID has a full middle name, and the other has a middle initial, then the initial must match). One State or Foderal ID must contain a photograph. • Both IDS must be carcently valid, not expired. • Verify that the applicant has background information on file. If me vidence of a SAC exists, them capture fingerprint data and process accordingly. PART A - BACKGROUND CHECK • TYPE OF BACKGROUND CHECK • TYPE OF BACKGROUND CHECK • A DATE INTINTED BACKGROUND · (MMDDD/YYY) · FINCERPRENTS CAPTURE REQUIRED? • A DATE ADVICE DATE (IDENTIFICATION NUMBER 1 • EXACT NAME LISTED ON PHOTO ID • 2. DOCUMENT IDENTIFICATION NUMBER • CIERCITY						_		ation	List					
One State or Federal ID must contain a photograph.					-					initial, the	en the initial must match).			
Verify that the applicant has background information on file. If no evidence of a SAC exists, then capture fingerprint data and process accordingly. PART A - BACKGROUND CHECK														
PART A - BACKGROUND CHECK 1. TYPE OF BACKGROUND CHECK A. DATE INITIATED BACKGROUND CHECK MACI OTHER (Specify) A DATE INITIATED BACKGROUND CHECK (MMIDD/YYY) B. DATE ADJUDICATED BACKGROUND CHECK CHECK OTHER (Specify) INACL OTHER (Specify) INACL DATE (MUDD/YYY) INACL DATE (MUDD/YYY) <th colspa<="" td=""><td>_</td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></th>	<td>_</td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td>	_					-							
A. DATE INITIATED BACKGROUND CHECK A. DATE INITIATED BACKGROUND CHECK (MMIDD/YYYY) B. DATE ADJUDICATED BACKGROUND CHECK (MMIDD/YYYY) B. DATE ADJUDICATED BACKGROUND CHECK (MMIDD/YYYY) B. DATE ADJUDICATED BACKGROUND CHECK (MMIDD/YYYY) CHICENPRING: CAPTURE REQUIRED? CHECK (MMIDD/YYYY) CHICENPRING: CAPTURE REQUIRED? CHICK TYOC "proceed to Part B) CHICK THOS PART B - PHOTOGRAPHIC IDENTIFICATION NUMBER CEXACT NAME LISTED ON PHOTO ID PART B - PHOTOGRAPHIC IDENTIFICATION NUMBER PART C - DENTIFICATION NUMBER CEXACT NAME LISTED ON ID PART C - DENTIFICATION NUMBER CEXACT NAME LISTED ON ID CEXACT NAME LISTED NAME OF REGISTRAR MICHAEL DENTIFICATION NUMBER CEXACT NAME LISTED NAME OF REGISTRAR MICHAEL J BARTY CEXACT NAME DE REGISTRAR MICHAEL J BARTY CEXACT NAME DE														
A DATE INITIATED BACKGROUND CHECK (MMIDD/YYYY) B. DATE ADJUDICATED BACKGROUND (HECK (MMIDD/YYYY) B. DATE ADJUDICATED BACKGROUND (HECK (MMIDD/YYYY) FINOERPRINTS CAPTURE REQUIRED? (HO If 'NO, 'proceed to Part B) 3. SEX 4. RACE 5. HEIGHT 6. WEIGHT 7. EYES 8. HAIR 9. PLACE OF BIRTH 0. NOTICABLE SCARS AND TATTOOS PART B - PHOTOGRAPHIC IDENTIFICATION NUMBER 1 EXACT NAME LISTED ON PHOTO ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDD/YYYY) 6. ISSUING AUTHORITY PART C - IDENTIFICATION NUMBER 2. EXACT NAME LISTED ON ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDD/YYYY) 6. ISSUING AUTHORITY PART C - IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDD/YYYY) 6. ISSUING AUTHORITY PART C - IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDD/YYYY) 6. ISSUING AUTHORITY PART C - IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDD/YYYY) 6. ISSUING AUTHORITY PART C - IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDD/YYYY) 6. ISSUING AUTHORITY PART D - REGISTRAR INFORMATION AND SIGNATURE WORK ADDRESS 2. PRINTED NAME OF REGISTRAR MICHAEL J BAITY WORK ADDRESS 2. PRINTED NAME OF REGISTRAR MICHAEL J BAITY NOME OF DEPARTMENT, SERVICE, OR SECTION A. WORK PHONE NUMBER flowed. Area Code) 503-721-1488 DOTION TAKEN CERTIFICATION INVESTIGATION 7. APPLICANT'S REQUEST FOR ONE-VA IDENTIFICATION CARD ACTION TAKEN CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above														
(MMIDD/YYY) Image: State Adjust and State Adjuste Adjust and State Adjust and State Adjust and State Adjust and S	1A. DATE INITIATED BACKGROUND CHECK	SAC (Fing	gerprint C	Check)		NACI				OTHER (Specify)				
CHECK (MMIDDIVYYY) FINGERPRINTS CAPTURE REQUIRED? YES 3. SEX 4. RACE 5. HEIGHT 6. WEIGHT 7. EYES 8. HAIR 9. PLACE OF BIRTH YES IN 0I "NO, " proceed to Part B) 3. SEX 4. RACE 5. HEIGHT 6. WEIGHT 7. EYES 8. HAIR 9. PLACE OF BIRTH 0. NOTICABLE SCARS AND TATTOOS PART B - PHOTOGRAPHIC IDENTIFICATION NUMBER 1 EXACT NAME LISTED ON PHOTO ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDDI/YYY) OCUMENT TYPE SISSUANCE DATE (MMIDDI/YYY) 6. ISSUING AUTHORITY OCUMENT TYPE OCUMENT TYPE OCUMENT TYPE OCUMENT IDENTIFICATION NUMBER OCUMENT TYPE OCUMENT TYPE OCUMENT TYPE OCUMENT OF REGISTRAR														
(MUDDIYYY) Image: Construct and the showen amed person, and that the above (MUDDIYYY) Image: Construct and the above marked person, and that the above (MUDDIYYY) Image: Construct and the above (MUDDIYY) Image: Cons	1B. DATE ADJUDICATED BACKGROUND CHECK													
I YES IN NO IF 'NO, * proceed to Part B) 0. NOTICABLE SCARS AND TATTOOS PART B - PHOTOGRAPHIC IDENTIFICATION NUMBER 1 EXACT NAME LISTED ON PHOTO ID 2. DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDI/YYYY) 6. ISSUING AUTHORITY PART C - IDENTIFICATION NUMBER 2 EXACT NAME LISTED ON ID 2. DOCUMENT TYPE 6. ISSUANCE DATE (MMIDDI/YYYY) 6. ISSUING AUTHORITY OCUMENT TYPE DOCUMENT TYPE 6. ISSUANCE DATE (MMIDDI/YYYY) 6. ISSUANCE DATE (MMIDDI/YYY) 6. ISSUANCE DATE (MMIDDI/YYYY) COCUMENT TYPE DOCUMENT TYPE DOCUMENT TYPE 2. DOCUMENT TYPE DART D - REGISTRAR INFORMATION AND SIGNATURE WORK ADDRESS 2. PRINTED NAME OF REGISTRAR Portland, OR 97207 4. WORK PHONE NUMBER (Incluid: Area Code) <td< td=""><td>(MMIDDIYYYY)</td><td></td><td>1</td><td></td><td></td><td>T</td><td>r</td><td>1</td><td></td><td>1</td><td></td></td<>	(MMIDDIYYYY)		1			T	r	1		1				
0. NOTICABLE SCARS AND TATTOOS PART B - PHOTOGRAPHIC IDENTIFICATION NUMBER 1 SCART NAME LISTED ON PHOTO ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY 0. ISSUING AUTHORITY DOCUMENT TYPE SISUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY DOCUMENT TYPE SISUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY DOCUMENT TYPE DOCUMENT IDENTIFICATION NUMBER 2 LEXACT NAME LISTED ON ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY DOCUMENT TYPE DOCUMENT TYPE DOCUMENT TYPE VORK ADDRESS 2. PRINTED NAME OF REGISTRAR MICHABEI J Barry SNAME OF DEPARTMENT, SERVICE, OR SECTION HUMEN RUMBER (Include Area Code) SOUTIAND, OR 97207 HUMEN RUMBER (Include Area Code) SWORK E-MAIL ADDRESS <t< td=""><td></td><td colspan="2">3. SEX 4. RACE</td><td colspan="2">5. HEIGHT</td><td colspan="2">6. WEIGHT 7. EYES 8. HA</td><td>8. HA</td><td colspan="3">AIR 9. PLACE OF BIRTH</td></t<>		3. SEX 4. RACE		5. HEIGHT		6. WEIGHT 7. EYES 8. HA		8. HA	AIR 9. PLACE OF BIRTH					
PART B - PHOTOGRAPHIC IDENTIFICATION NUMBER 1 . EXACT NAME LISTED ON PHOTO ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDDIYYYY) . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 2. DOCUMENT IDENTIFICATION NUMBER 2 . EXACT NAME LISTED ON ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDDIYYYY) . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIY ALT INTED NAME OF REG														
EXACT NAME LISTED ON PHOTO ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDDIYYYY) . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY PART C - IDENTIFICATION NUMBER 2 . . EXACT NAME LISTED ON ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDDIYYYY) . EXACT NAME LISTED ON ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDDIYYYY) . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENTS . PREGISTRAR MICHAEL J BARY . PART OF DEPARTMENT, SERVICE, OR SECTION <td>10. NOTICABLE SCARS AND TATTOOS</td> <td></td>	10. NOTICABLE SCARS AND TATTOOS													
EXACT NAME LISTED ON PHOTO ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDDIYYYY) . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY PART C - IDENTIFICATION NUMBER 2 . . EXACT NAME LISTED ON ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDDIYYYY) . EXACT NAME LISTED ON ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDDIYYYY) . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT SCORE CALL . PROF . SERVICE, OR SECTION 2. PRINTED NAME OF DEPARTMENT, SERVICE, OR SECTION <td></td>														
. DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY PART C - IDENTIFICATION NUMBER 2 . . EXACT NAME LISTED ON ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDDIYYYY) . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY . DOCUMENT TYPE 2. PRINTED NAME OF REGISTRAR INFORMATION AND SIGNATURE . WORK ADDRESS 2. PRINTED NAME OF REGISTRAR Portland VA Medical Center Michael J Barry IRMS (P4HRMS) 3. NAME OF DEPARTMENT, SERVICE, OR SECTION PORTIAND, OR 97207 Human Resource Management 4. WORK PHONE NUMBER (Include Area Code) 5. WORK E-MAIL ADDRESS 503-721-1488 michael.barry@va.gov 7. APPLICANT INITIATED BACKGROUND INVESTIGATION 7. APPLICANT'S REQUEST FOR ONE-VA IDENTIFICATION CARD ACTION TAKEN CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above		PART	B - PHO	TOG	RAPHIC ID	ENTIFICAT		BER 1						
PART C - IDENTIFICATION NUMBER 2 . EXACT NAME LISTED ON ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDD/YYYY) . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDD/YYYY) 6. ISSUING AUTHORITY OCUMENT TYPE OUCUMENT TYPE OUCUMENT D - REGISTRAR INFORMATION AND SIGNATURE . WORK ADDRESS 2. PRINTED NAME OF REGISTRAR Portland VA Medical Center HKMS (P4HRMS) 20 Box 1034 Portland, OR 97207 Human Resource Management 4. WORK PHONE NUMBER (Include Area Code) 5.03-721-1488 michael.barry@va.gov CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above								ATE (MMIDDIYYYY)						
PART C - IDENTIFICATION NUMBER 2 . EXACT NAME LISTED ON ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDD/YYYY) . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDD/YYYY) 6. ISSUING AUTHORITY OCUMENT TYPE OUCUMENT TYPE OUCUMENT D - REGISTRAR INFORMATION AND SIGNATURE . WORK ADDRESS 2. PRINTED NAME OF REGISTRAR Portland VA Medical Center HKMS (P4HRMS) 20 Box 1034 Portland, OR 97207 Human Resource Management 4. WORK PHONE NUMBER (Include Area Code) 5.03-721-1488 michael.barry@va.gov CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above														
. EXACT NAME LISTED ON ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDD/YYYY) . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDD/YYYY) 6. ISSUING AUTHORITY PART D - REGISTRAR INFORMATION AND SIGNATURE WORK ADDRESS 2. PRINTED NAME OF REGISTRAR Michael J Barry 3. NAME OF DEPARTMENT, SERVICE, OR SECTION PO Box 1034 Portland, OR 97207 4. WORK PHONE NUMBER (Include Area Code) 5. WORK E-MAIL ADDRESS 503-721-1488 michael.barry@va.gov 7. APPLICANT INITIATED BACKGROUND INVESTIGATION 7. APPLICANT'S REQUEST FOR ONE-VA IDENTIFICATION CARD ACTION TAKEN CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above	4. DOCUMENT TYPE	5. ISSU	ANCE DAT	ATE (MMIDDIYYYY)					6. ISSUING AUTHORITY					
. EXACT NAME LISTED ON ID 2. DOCUMENT IDENTIFICATION NUMBER 3. EXPIRATION DATE (MMIDD/YYYY) . DOCUMENT TYPE 5. ISSUANCE DATE (MMIDD/YYYY) 6. ISSUING AUTHORITY PART D - REGISTRAR INFORMATION AND SIGNATURE WORK ADDRESS 2. PRINTED NAME OF REGISTRAR Michael J Barry 3. NAME OF DEPARTMENT, SERVICE, OR SECTION PO Box 1034 Portland, OR 97207 4. WORK PHONE NUMBER (Include Area Code) 5. WORK E-MAIL ADDRESS 503-721-1488 michael.barry@va.gov 7. APPLICANT INITIATED BACKGROUND INVESTIGATION 7. APPLICANT'S REQUEST FOR ONE-VA IDENTIFICATION CARD ACTION TAKEN CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above														
. DOCUMENT TYPE 5. ISSUANCE DATE (MMIDDIYYYY) 6. ISSUING AUTHORITY PART D - REGISTRAR INFORMATION AND SIGNATURE . WORK ADDRESS 2. PRINTED NAME OF REGISTRAR Portland VA Medical Center Michael J Barry 1RMS (P4HRMS) 3. NAME OF DEPARTMENT, SERVICE, OR SECTION PO Box 1034 Human Resource Management 4. WORK PHONE NUMBER (Include Area Code) 5. WORK E-MAIL ADDRESS 503-721-1488 michael.barry@va.gov CATE APPLICANT INITIATED BACKGROUND INVESTIGATION 7. APPLICANT'S REQUEST FOR ONE-VA IDENTIFICATION CARD ACTION TAKEN CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above			PART	C - I		ATION NUM	BER 2							
PART D - REGISTRAR INFORMATION AND SIGNATURE . WORK ADDRESS 2. PRINTED NAME OF REGISTRAR Portland VA Medical Center Michael J Barry 1RMS (P4HRMS) 3. NAME OF DEPARTMENT, SERVICE, OR SECTION Portland, OR 97207 Human Resource Management 4. WORK PHONE NUMBER (Include Area Code) 5. WORK E-MAIL ADDRESS 503-721-1488 michael.barry@va.gov CATE APPLICANT INITIATED BACKGROUND INVESTIGATION 7. APPLICANT'S REQUEST FOR ONE-VA IDENTIFICATION CARD ACTION TAKEN APPROVED DENIED	1. EXACT NAME LISTED ON ID					IDENTIFICATION NUMBER					3. EXPIRATION DATE (MMIDDIYYYY)			
PART D - REGISTRAR INFORMATION AND SIGNATURE . WORK ADDRESS 2. PRINTED NAME OF REGISTRAR Portland VA Medical Center Michael J Barry 1RMS (P4HRMS) 3. NAME OF DEPARTMENT, SERVICE, OR SECTION Portland, OR 97207 Human Resource Management 4. WORK PHONE NUMBER (Include Area Code) 5. WORK E-MAIL ADDRESS 503-721-1488 michael.barry@va.gov CATE APPLICANT INITIATED BACKGROUND INVESTIGATION 7. APPLICANT'S REQUEST FOR ONE-VA IDENTIFICATION CARD ACTION TAKEN APPROVED DENIED														
WORK ADDRESS 2. PRINTED NAME OF REGISTRAR Portland VA Medical Center Michael J Barry IRMS (P4HRMS) 3. NAME OF DEPARTMENT, SERVICE, OR SECTION PO Box 1034 Human Resource Management Portland, OR 97207 4. WORK PHONE NUMBER (Include Area Code) 5. WORK E-MAIL ADDRESS 503-721-1488 Michael.barry@va.gov 7. APPLICANT INITIATED BACKGROUND INVESTIGATION CATE APPLICANT INITIATED BACKGROUND INVESTIGATION 7. APPLICANT'S REQUEST FOR ONE-VA IDENTIFICATION CARD ACTION TAKEN APPROVED DENIED	4. DOCUMENT TYPE 5. ISSUANCE DA			ATE (MMIDDIYYYY)						6. ISSUING AUTHORITY				
WORK ADDRESS 2. PRINTED NAME OF REGISTRAR Portland VA Medical Center Michael J Barry IRMS (P4HRMS) 3. NAME OF DEPARTMENT, SERVICE, OR SECTION PO Box 1034 Human Resource Management Portland, OR 97207 4. WORK PHONE NUMBER (Include Area Code) 5. WORK E-MAIL ADDRESS 503-721-1488 Michael.barry@va.gov 7. APPLICANT INITIATED BACKGROUND INVESTIGATION CATE APPLICANT INITIATED BACKGROUND INVESTIGATION 7. APPLICANT'S REQUEST FOR ONE-VA IDENTIFICATION CARD ACTION TAKEN APPROVED DENIED														
WORK ADDRESS 2. PRINTED NAME OF REGISTRAR Portland VA Medical Center Michael J Barry IRMS (P4HRMS) 3. NAME OF DEPARTMENT, SERVICE, OR SECTION PO Box 1034 Human Resource Management Portland, OR 97207 4. WORK PHONE NUMBER (Include Area Code) 5. WORK E-MAIL ADDRESS 503-721-1488 Michael.barry@va.gov 7. APPLICANT INITIATED BACKGROUND INVESTIGATION CATE APPLICANT INITIATED BACKGROUND INVESTIGATION 7. APPLICANT'S REQUEST FOR ONE-VA IDENTIFICATION CARD ACTION TAKEN APPROVED DENIED		PART	D - REGI	ISTR	AR INFOR	MATION AN	D SIGNAT	URE						
HINCHARE'S Darry INICIDATE S Darry Inicidation														
HRMS (P4HRMS) 3. NAME OF DEPARTMENT, SERVICE, OR SECTION PO Box 1034 Human Resource Management Portland, OR 97207 4. WORK PHONE NUMBER (Include Area Code) 5. WORK E-MAIL ADDRESS 503-721-1488 michael.barry@va.gov OATE APPLICANT INITIATED BACKGROUND INVESTIGATION 7. APPLICANT'S REQUEST FOR ONE-VA IDENTIFICATION CARD ACTION TAKEN APPROVED DENIED	Portland VA Medical Center		Michael J Barry											
Portland, OR 97207 Human Resource Management 4. WORK PHONE NUMBER (Include Area Code) 5. WORK E-MAIL ADDRESS 503-721-1488 michael.barry@va.gov • DATE APPLICANT INITIATED BACKGROUND INVESTIGATION 7. APPLICANT'S REQUEST FOR ONE-VA IDENTIFICATION CARD • APPROVED DENIED DENIED CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above	HRMS (P4HRMS)													
4. WORK PHONE NUMBER (Include Area Code) 5. WORK E-MAIL ADDRESS 503-721-1488 michael.barry@va.gov DATE APPLICANT INITIATED BACKGROUND INVESTIGATION 7. APPLICANT'S REQUEST FOR ONE-VA IDENTIFICATION CARD ACTION TAKEN APPROVED DENIED CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above	PO Box 1034		_											
503-721-1488 michael.barry@va.gov . DATE APPLICANT INITIATED BACKGROUND INVESTIGATION 7. APPLICANT'S REQUEST FOR ONE-VA IDENTIFICATION CARD ACTION TAKEN	Portland, OR 97207								5 WORK E-MAIL ADDRESS					
DATE APPLICANT INITIATED BACKGROUND INVESTIGATION 7. APPLICANT'S REQUEST FOR ONE-VA IDENTIFICATION CARD ACTION TAKEN APPROVED DENIED CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above														
ACTION TAKEN ACTION TAKEN ACTION TAKEN CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above														
CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above	D. DATE APPLICANT INITIATED BACKGROUND INVESTIGATION					REQUEST FC								
CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above														
			-			ane docume	nto present	.cu oy	ine au	ove name	a person, and that the above			
. SIGNATURE OF REGISTRAR 9. DATE SIGNED (MM/DD/YYYY)	8. SIGNATURE OF REGISTRAR							9. DATE SIGNED (MM/DD/YYYY)						

SECTION IV - PERSONAL IDENTITY VERIFICATION CARD ACCEPTANCE								
PART A - CARD INFORMATION (Completed by Issuer)								
1. NEW IDENTITY CREDENTIAL SERIAL NUMBER	2. OLD ACCESS	ID CARD NUMBER	3. EXPIRATIO	DN DATE (MM/DD/YYYY)				
PART B - PERSONAL IDENTITY VERIFICATION CARD ACCEPTANCE (Completed by Applicant)								
ACKNOWLEDGEMENT: I acknowledge receivin	ng my identity crea	dential and will comply with t	he following obligati	ons:				
• I have been provided training on the responsibilities as		. ,	cation Card.					
•1 will use my Personal Identity Verification card in accordance with the training I have been provided								
CERTIFICATION: I certify that I have read and agree to the above statements and that I have received my card. 1. PRINTED NAME OF APPLICANT 2. APPLICANT SIGNATURE OF ACCEPTANCE 3. DATE SIGNED (MM/DD/YYYY)								
I. PRINTED NAME OF APPLICANT	2. AFFLICANT SIGNATURE OF ACCEPTANCE 3. DATE SIGNED (MM/DD/YYYY)							
PART C - PUBLIC KEY INFORMATION (PKI) CERTIFICATE ACCEPTANCE (Completed by Applicant) AUTHORIZATION STATEMENT								
	AUTHO	KIZATION STATEMENT						
You have been authorized to receive one or more private and public key pairs and associated certificates. A private key enables you to digitally sign documents and messages and identify yourself to gain access to information systems and facilities. You may have another private key to decrypt data such as encrypted messages. People and electronic systems inside and outside VA will use public keys associated with your private keys to verify your digital signature, or to verify your identity when you attempt to authenticate to systems, or to encrypt data sent to you. The certificates and private keys will be issued on a token, for example your One-VA ID Card. The token and the certificates and private keys on your token are government property. Users are authorized to use the certificates within VA, as well as while conducting business with other Federal, state and Local Government agencies.								
	ACKNOWLED	GEMENT OF RESPONSIBI	LITIES					
 I represent and warrant that the information provided in application for this certificate is accurate, current, and complete. If this information changes, I will notify my Registrar of the changes; I will use my certificate(s) and private key(s) for official purposes only; I will comply with the Certificate Practices Statement for selecting a Personal Identification Number (PIN) or other required method for controlling access to my private keys and will not disclose same to anyone, leave it where it might be observed, nor write it on the token itself; I understand that digital signatures applied using my digital certificates carry the same legal obligation as my physically signing the document; I understand that if I receive key management (encryption/decryption) key pairs on my token, copies of the private decryption keys have been provided to the key recovery database in case they need to be recovered; and I will report any compromise (e.g., loss, suspected or known unauthorized use, misplacement, etc.) of my PIN or token to my supervisor, security officer. Certification Authority (CA), or a Registrar, immediately. 								
LIABILITY I will have no claim against VA arising from use of the PKI certificates, the key recovery process, or a Certification Authority's (CA) determination to terminate or revoke a certificate. VA is not liable for any loses, including direct or indirect, incidental, consequential, special, or punitive damages, arising out of or relating to any certificate issued by a VACA. GOVERNMENT LAW VA Public Key Certificates shall be governed by the laws of the United States of America.								
CERTIFICATION: I certify that I have read and agree to the above statements and that I have received my PKI certificate(s)								
1. NAME OF APPLICANT 2. SIGNATURE OF ACCEPTANCE				3. DATE SIGNED (MM/DD/YYYY)				
				S. DATE GIGNED (MINDERTTY)				
SECTION V - ISSUER (Completed by Issuer)								
1. WORK ADDRESS	2	. PRINTED NAME OF ISSUER						
Portland VA Medical Center		Nita Dunn						
Police (P4POL) 3. NAME OF DEPARTMENT, SERVICE, OR SECTION								
Po Box 1034								
Portland, OR 97207	ortland, OR 97207 4. WORK PHONE NUMBER (Include Area Code) 5. WORK E-MAIL ADDRESS							
	F	503-220-8262 ext 5698	2	Juanita.dunn@va.gov				
CERTIFICATION: I certify under penalty of perjury, that I have monitored the identity verification of the person above in accordance with								
proofing processes and have witnessed that person sign this form.								
6. SIGNATURE OF ISSUER				7. DATE SIGNED (MM/DD/YYYY)				
VA FORM 0711, OCT 2006 (RS), PAGE 3 OF 3				AdobeFormsDesigner				

.VA Form 0711 Completion Instructions

IMPORTANT: Carefully follow instructions for each section, especially with respect to who completes the section.

Section 1- Applicant Information

Applicant Information - Completed by Applicant

Item 1 - Enter Applicant's full legal name. (Should match IDs)

- Item 2 Enter any Nickname to be used for Applicant. (NOTE: applies only to new Applicant that does not have an email account)
- Item 3 Enter Applicant's date of birth.
- Item 4 Enter Social Security Number.
- Item 5 Enter Applicant's home phone number, including area code.
- Hem 6 Enter Applicant's personal home e-mail address.
- Item 7 Enter Applicant's home mailing address.
- Item 8 Applicant Signature.
- Item 9 Date Signed.

Section II - Sponsor Verification - Completed by Sponsor Part A - Applicant Employment Information - Completed by Sponsor

- Item 1 Enter the facility or duty station, name and address, that applicant is assigned to.
- Item 2 Enter name of Sponsoring Department, Service, Section and Mail Routing Symbol.
- Item 3 Enter applicant's position job title.
- Item 4 Enter cost center.
- Item 5 Enter Applicant's work phone number (As applicable).
- Item 6 Enter work email address.

Part B - Type of Request and Employment Status - Completed by Sponsor

- Item 1 Check applicable box.
- Item 2 Check applicable box based on type of appointment.
- Item 3 Check applicable box. If Logical box is checked, enter Domain name.
- Item 4 Check applicable box.

Part C - Physical Security Access Data - Completed by Sponsor

- Item 1 Check applicable box.
- Item 2 Enter location where access is needed.
- Item 3 Emergency Responder is a person who has completed forty to sixty hours of Department of Transportation approved training in providing care for medical emergencies (otherwise known as a First Responder); Critical Employee is a Designated VA official/employee who requires access to a VA facility during emergency situations.

Part D - Type of Background Investigation for Position

Item 1 - Check applicable box.

Part E - Contractors, Affiliates, and Temporary Employment Information - Completed by Sponsor

- Item 1 Enter employment expiration date for contractors, affiliates, and temporary employment.
- Item 2 Self Explanatory (As applicable).
- Item 3 Enter full legal name of Contracting Officer's Technical Representative (COTR) (As applicable).
- Item 4 Enter Name of Responsible VA Organization.
- Item 5 Enter Mail Routing Symbol.

Part F - Sponsor Authorization and Certification - Completed by Sponsor

Item 1 - Enter name of sponsor.

Item 2 - Enter Sponsor Credentials and Organizational Title.

Item 3 - Enter Certificate Number which is issued by the Registrar. Contact your Registrar if you do not know the number. Items 4-9 - Self explanatory.

Section III- Applicant Identity Verification - Completed by Registrar

Picture ID From Federal or State Government	Non-Picture ID or Acceptable Picture ID not issued by Fed, or State Gov't
 State-Issued Drivers License State DMV-Issued ID Card U.S. Passport Military ID Card U.S. Coast Guard Merchant Mariner card Foreign Passport with appropriate stamps Permanent Resident Card or Alien Registration Card with a photograph (INS Form 1-151/1-551) ID Card issued by federal or state government agencies 	 Social Security Card Certified Birth Certificate State Voter Registration Card Native American Tribal Document Certificate of U.S. Citizenship (INS Form N-560 or N-561) Certificate or Naturalization (INS Form N-550 or N-570) Certification of Birth Abroad Issued by the Department of State (Form FS-545 or Form DS-1350) Permanent or Temporary resident card ID Card issued by local government agencies provided it includes the following information: name, date of birth, gender, height, eye color, and address Non-photo ID Card issued by federal or state government agencies provided it includes the following information: name, date of birth, gender, height, eye color, and address School ID with photograph Canadian Drivers License U.S. Citizen ID Card (Form 1-179)
	Canadian Drivers License

Part A - Background Check - Completed by Registrar

Item 1A - Enter date initiated background check for SAC, NACI, or Other (specify)

Item IB - Enter date adjudicated background check for SAC, NACI, or Other (specify)

Item 2 - Check applicable box.

Item 3-9 - Self explanatory

Item 10 - Enter all noticeable scars and tattoos and other distinguishable features.

Part B - Photographic identification number 1 - Completed by Registrar

Item 1 - Enter the full exact name as seen on the Applicant's ID.

- Item 2 Enter IDs number, (i.e. license number, passport number)
- Item 3 Enter date that ID number 1 expires.
- Item 4 Enter the type of ID presented, (i.e. Virginia state issued drivers license)
- Item 5 Enter date that the ID was issued to the Applicant.

Item 6 - Enter name issuing ID. (i.e. Department of State, State of Maryland)

Part C - Identification number 2 - Completed by Registrar

Item 1-6 - Same as Part A, only with a second form of an acceptable ID

Part D - Registrar information and signature - Completed by the Registrar

Item 1-5 - Self Explanatory Item 6 - Enter Date applicant initiated background check. Item 7 - Check appropriate box. Item 8-9 - Self Explanatory

Section IV- Personal Verification Identity Card Acceptance

Part A - Card Information - Completed by Issuer

- Item 1 Enter new PIV card serial number.
- Item 2 Enter old PIV card serial number (As applicable)
- Item 3 Enter expiration date of new PIV card

Part B - Personal Verification Identity Card - Completed by Applicant

Item 1-3 - Self Explanatory

Part C - Public key information (PKI) certificate acceptance - Completed by Applicant

Item 1 - Enter full legal name of Applicant. Item 2-3 - Self Explanatory

Section V - Issuer

Item 1-7 - Self Explanatory