Form Approved: OMB No. 2900-0673
Respondent Burden: 5 Minutes

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. Your obligation to respond is mandatory.

PAPERWORK REDUCTION ACT NOTICE: VA can not conduct or sponsor a collection of information unless a valid OMB number is displayed. 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 (005R1B), 810 Vermont Avenue, Washington, DC 20420.

SECTION I - APPLICANT INFORMATION

APPLICANT INFORMATION *(Completed by Applicant)*

1. LEGAL NAME OF APPLICANT *(Insert last , first , middle and suffix name)*
2. NICKNAME TO BE USED FOR APPLICANT *(Insert last name and first name, if applicable)*
3. DATE OF BIRTH *(MM/DD/YYYY)*
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 - APPLICANT EMPLOYMENT INFORMATION *(Completed by Sponsor)*

1. NAME AND ADDRESS OF FACILITY OR ASSIGNED DUTY STATION

VAMC
50 IRVING ST NW
WASHINGON, DC 20422

2. NAME OF SPONSORING DEPARTMENT, SERVICE, OR SECTION, AND MAIL ROUTING SYMBOL

MEDICAL SERVICE

3. CREDENTIALS/ORGANIZATIONAL TITLE *(AKA Position/Job Title)*
4. COST CTR.

8201

5. WORK PHONE NUMBER *(If applicable)*
6. WORK E-MAIL ADDRESS

PART B - TYPE OF REQUEST AND EMPLOYMENT STATUS *(Completed by Sponsor)*

1. TYPE OF REQUEST

☒ NEW ID ☐ RENEWAL ☐ REPLACEMENT ID *(Damaged/Lost)* ☐ CHANGE LEVEL OF ACCESS

2. TYPE OF CARD

☐ PERSONAL IDENTITY VERIFICATION (PIV) ☒ VA (NON-PIV)

3. TYPE OF ACCESS

☒ LOGICAL ACCESS _____ *(Domain)* ☒ PHYSICAL ACCESS *(Complete Part D)*

4. EMPLOYMENT STATUS

☐ VA EMPLOYEE ☐ CONTRACTOR ☒ AFFILIATE *(Specify)* ☐ TEMPORARY VA EMPLOYMENT

PART C - PHYSICAL SECURITY ACCESS DATA *(Completed by Sponsor)*

1. SPECIAL SECURITY ACCESS REQUIRED

☒ YES *(If "YES," Specify in Item2)* ☐ NO

2. SPECIFY LOCATION OF SPECIAL SECURITY *(i.e. tower, bldg. no., etc.)*

ER/PARKING

3. IS APPLICANT A KEY EMERGENCY RESPONDER, CRITICAL EMPLOYEE, OR NEITHER?

☒ EMERGENCY RESPONDER
☐ CRITICAL EMPLOYEE ☐ NEITHER

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 - CONTRACTORS, AFFILIATES, AND TEMPORARY EMPLOYMENT INFORMATION *(Completed by Sponsor)*

1. EMPLOYMENT EXPIRATION DATE /CONTRACT END DATE *(MM/DD/YYYY)(For Contractors, Affiliates, and Temporary Employment)*

07/01/2020

2. NAME OF FIRM OR COMPANY *(If applicable)*
3. NAME OF CONTRACTING OFFICER TECH. REPR. *(If applicable)*

EVANGELINE KOKKINOS

4. NAME OF RESPONSIBLE VA ORGANIZATION

MEDICAL SERVICE

5. MAIL ROUTING SYM.

111

SUPERSEDES VA FORM 0711, OCT 2006, WHICH WILL NOT BE USED.

PART F - SPONSOR AUTHORIZATION AND CERTIFICATION *(Completed by Sponsor)*

CERTIFICATION: I Certify under penalty of perjury that the information in Section II is true and correct.

1. NAME OF SPONSOR EVANGELINE KOKKINOS	2. SPONSOR CREDENTIALS/ORGANIZATIONAL TITLE	
3. CERTIFICATE NUMBER *(Issued by PCI Manager or Registrar)*	4. SIGNATURE OF SPONSOR	5. DATE SIGNED *(MM/DD/YYYY)*
6. WORK ADDRESS 50 IRVING ST NW WASHINGTON, DC	7. NAME OF SPONSOR'S DEPARTMENT, SERVICE, OR SECTION MEDICAL SERVICE	
	8. WORK PHONE NUMBER *(Include Area Code)*	
	9. WORK E-MAIL ADDRESS	

SECTION III - APPLICANT IDENTITY VERIFICATION *(Completed by Registrar)*

INSTRUCTIONS: To be completed and signed by Registrar at the time of proofing. Review Section I - Applicant Information, and Section II - Sponsor Verification, assuring that information has been filled out correctly and signed accordingly. 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 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 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 A - BACKGROUND CHECK

1. TYPE OF BACKGROUND CHECK

	SAC *(Fingerprint Check)*	NACI	OTHER *(Specify)*
1A. DATE INITIATED BACKGROUND CHECK *(MM/DD/YYYY)*			
1B. DATE ADJUDICATED BACKGROUND CHECK *(MM/DD/YYYY)*			

2. FINGERPRINTS CAPTURE REQUIRED? ☐ YES ☐ NO *(If "NO," proceed to Part B)*	3. SEX	4. RACE	5. HEIGHT	6. WEIGHT	7. EYES	8. HAIR	9. PLACE OF BIRTH

10. NOTICABLE SCARS AND TATTOOS

PART B - PHOTOGRAPHIC IDENTIFICATION NUMBER 1

1. EXACT NAME LISTED ON PHOTO ID	2. DOCUMENT IDENTIFICATION NUMBER	3. EXPIRATION DATE *(MM/DD/YYYY)*
4. DOCUMENT TYPE	5. ISSUANCE DATE *(MM/DD/YYYY)*	6. ISSUING AUTHORITY

PART C - IDENTIFICATION NUMBER 2

1. EXACT NAME LISTED ON ID	2. DOCUMENT IDENTIFICATION NUMBER	3. EXPIRATION DATE *(MM/DD/YYYY)*
4. DOCUMENT TYPE	5. ISSUANCE DATE *(MM/DD/YYYY)*	6. ISSUING AUTHORITY

PART D - REGISTRAR INFORMATION AND SIGNATURE

1. WORK ADDRESS	2. PRINTED NAME OF REGISTRAR	
	3. NAME OF DEPARTMENT, SERVICE, OR SECTION	
	4. WORK PHONE NUMBER *(Include Area Code)*	5. WORK E-MAIL ADDRESS
6. DATE APPLICANT INITIATED BACKGROUND INVESTIGATION	7. APPLICANT'S REQUEST FOR PERSONAL IDENTITY VERIFICATION 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 listed documents appear to be genuine and to relate to the person named.

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 PIV CREDENTIAL SERIAL NUMBER	2. OLD ACCESS ID CARD NUMBER	3. EXPIRATION DATE *(MM/DD/YYYY)*

PART B - PERSONAL IDENTITY VERIFICATION CARD ACCEPTANCE *(Completed by Applicant)*

ACKNOWLEDGEMENT: I acknowledge receiving my identity credential and will comply with the following obligations:

- I have been provided training on the responsibilities associated with receipt of this Personal Identity Verification Card.
- I 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)*

PART C - PUBLIC KEY INFORMATION (PKI) CERTIFICATE ACCEPTANCE *(Completed by Applicant)*

AUTHORIZATION 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 Personal Identity Verification 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.

ACKNOWLEDGEMENT OF RESPONSIBILITIES

- 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 VA CA.

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. FULL LEGAL NAME OF APPLICANT	2. SIGNATURE OF ACCEPTANCE	3. DATE SIGNED *(MM/DD/YYYY)*

SECTION V - ISSUER *(Completed by Issuer)*

1. WORK ADDRESS	2. PRINTED NAME OF ISSUER	
	3. NAME OF DEPARTMENT, SERVICE, OR SECTION	
	4. WORK PHONE NUMBER *(Include Area Code)*	5. WORK E-MAIL ADDRESS

CERTIFICATION: I certify under penalty of perjury, that I have monitored the identity verification of the person above in accordance with applicable identity proofing processes and have witnessed that person sign this form.

6. SIGNATURE OF ISSUER	7. DATE SIGNED *(MM/DD/YYYY)*

.VA Form 0711 Completion Instructions

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

Section I- 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 E-mail 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.
Item 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 E-mail 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

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 I-151/I-551)
ID Card issued by federal or state government agencies

Non-Picture ID or Acceptable Picture ID not issued by Fed. or State Gov't

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 I-179)

Part A - Background Check - Completed by Registrar

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