



## Personal Identity Verification (PIV) Request Government Employees

### TO BE COMPLETED BY APPLICANT

PRINT NAME <i>(First, Middle, Last)</i>		OTHER NAME(S) USED		
SOCIAL SECURITY NUMBER		DATE OF BIRTH <i>(mm/dd/yy)</i>	PLACE OF BIRTH <i>(City/State or City/County)</i>	
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male
ORGANIZATION <input type="checkbox"/> ACF <input type="checkbox"/> AoA <input type="checkbox"/> OS <input type="checkbox"/> OIG <input type="checkbox"/> AHRQ <input type="checkbox"/> SAMHSA <input type="checkbox"/> PSC <input type="checkbox"/> CDC <input type="checkbox"/> NIH <input type="checkbox"/> IHS <input type="checkbox"/> CMS <input type="checkbox"/> Other _____				
BUILDING / ADDRESS			ROOM NUMBER	TELEPHONE (     )

### TO BE COMPLETED BY AUTHORIZING OFFICIAL

POSITION SENSITIVITY <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6		SPECIAL DOOR ACCESS REQUIRED		
TYPE OF APPOINTMENT <i>(check one)</i> <b>NOTE:</b> If you check "Stay in School", "Fellow", "Intern", or "Temporary", you must type in the "Not to Exceed Date".				
<input type="checkbox"/> Permanent / NTE		<input type="checkbox"/> Stay in School <input type="checkbox"/> Fellow <input type="checkbox"/> Intern <input type="checkbox"/> Temporary		Not to Exceed Date <i>(mm/dd/yy)</i>
AUTHORIZING OFFICIAL NAME			TELEPHONE (     )	
BUILDING		ROOM NUMBER	E-MAIL ADDRESS	
AUTHORIZING OFFICIAL SIGNATURE				DATE <i>(mm/dd/yy)</i>

### TO BE COMPLETED BY PSC PERSONNEL SECURITY OFFICE

INVESTIGATION TYPE <input type="checkbox"/> NAC <input type="checkbox"/> NACI <input type="checkbox"/> NACIC <input type="checkbox"/> NACLC <input type="checkbox"/> ANACI <input type="checkbox"/> CNACI <input type="checkbox"/> BI <input type="checkbox"/> SSBI <input type="checkbox"/> MBI <input type="checkbox"/> LBI <input type="checkbox"/> SAC <input type="checkbox"/> Other <i>(state type)</i> _____				
DATE INVESTIGATION COMPLETED <i>(mm/dd/yy)</i>	IDENTIFICATION VERIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No		LEVEL OF POSITION Level _____	BADGE EXPIRATION DATE <i>(mm/dd/yyyy)</i>
BADGE TYPE <input type="checkbox"/> Temp NTE 6 Months <input type="checkbox"/> Permanent (5 years) <input type="checkbox"/> Permanent NTE _____ <span style="font-size: small;"><i>Date (mm/dd/yy)</i></span>		SECURITY OFFICER'S TELEPHONE (     )		VERIFYING SECURITY OFFICER

### TO BE COMPLETED BY PSC ISSUING OFFICE

IDENTIFICATION VERIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE BADGE ISSUED <i>(mm/dd/yy)</i>		BADGE EXPIRATION DATE <i>(mm/dd/yyyy)</i>
BADGE ISSUING OFFICIAL <i>(Signature)</i>			DATE <i>(mm/dd/yy)</i>