

Personal Identity Verification (PIV) Request for DOE Security Badge

Privacy Notice: 42 U.S.C. 7101, 50 U.S.C 2401 and Public Law 93-579 permit collection of the data requested on this form. The information is used to determine suitability for the issuance of a DOE security badge. The information will be used to identify proof and register Applicants as part of the Personal Identity Verification process. Providing this information is voluntary; however, failure to submit this information may result in denial of a DOE security badge.

A. PIV Request & Source Document Confirmation (To be completed by Sponsor or Human Resources)

- 1. Type of DOE Security Badge? New Replacement 1a. Reason for Replacement: _____
- 2. BI* Application Complete? Yes (required for new DOE Security Badge) [* "BI" is a generic reference to all investigations]
 No (Replacement badge) No (Prior BI) Agency: _____ Case #, if available: _____

Applicant Information

- 3. Contractor Employee Federal Employee
- 4. Full Name: _____
- 5. SSN: _____
- 6. DOB (mm/dd/yyyy): ___/___/___ POB: _____
- 7. Company Name: _____
- 8. Company Address: _____
- 9. City: _____ 10. State: _____ 11. Zip: _____
- 12. E-mail: _____ Phone: _____

Sponsor Information

- 13. Name: _____
- 14. Organization: _____
- 15. Phone: _____
- Fax: _____
- 16. E-mail: _____

I agree to sponsor the above application for a PIV DOE Security Badge and certify that the information is accurate to the best of my knowledge.

- 17. Sponsor or Human Resources Signature: _____
- 18. Date (mm/dd/yyyy): ___/___/___

B. Identity Source Document 1

- 19. Name: _____
- 20. Doc. #: _____
- 21. Doc Title: _____
- 22. Issuer: _____
- 23. Doc Expiration Date (mm/dd/yyyy): ___/___/___
- 29. Citizenship: _____

Identity Source Document 2

- 24. Name: _____
- 25. Doc. #: _____
- 26. Doc Title: _____
- 27. Issuer: _____
- 28. Doc. Expiration Date (mm/dd/yyyy): ___/___/___
- 30. Document Title: _____

I hereby verify that I have reviewed the above documents and that they are valid to the best of my knowledge.

- 31. Verifier Name (printed) & Signature: _____
- 32. Date (mm/dd/yyyy): ___/___/___

C. Registrar Approval

FBI Fingerprint Check Results

- 33. Date Completed (mm/dd/yyyy): ___/___/___
- 34. Successful? Yes No
- 35. Comments: _____

Registrar Information

- 36. Name: _____
- 37. Organization: _____
- 38. Phone: _____

I hereby certify that the information regarding the above Applicant is accurate to the best of my knowledge and approve this application for a DOE Security Badge issuance.

- 39. Registrar Signature: _____
- 40. Date (mm/dd/yyyy): ___/___/___

D. DOE Security Badge Issuance

- 41. Name on DOE Security Badge _____
- 42. DOE Security Badge Number: _____
- 43. DOE Security Badge Expiration Date (mm/dd/yyyy) ___/___/___

Issuer Information

- 44. Name: _____
- 45. Organization: _____
- 46. Phone: _____

I hereby acknowledge issuance of a DOE Security Badge to the Applicant identified above based on verification of the Applicant's identity and verification of the above Registrar's issuance approval.

- 47. Issuer Signature: _____
- 48. Date (mm/dd/yyyy) ___/___/___

E. Applicant Acknowledgement (To be completed by Applicant, after Section D is completed)

I, the Applicant, confirm receipt of the DOE Security Badge identified above and that the information is accurate to the best of my knowledge.

- 49. Applicant Signature: _____
- 50. Date (mm/dd/yyyy): ___/___/___

F. Final Disposition

- 51. NACI Completion Date: _____
- 52. NACI Identifier (Case #): _____
- 53. Issues?: Yes No
- 54. Adjudication Date: _____
- 55. Favorable Unfavorable
- 56. Registrar Name (printed) & Signature: _____
- 57. Date (mm/dd/yyyy): ___/___/___

Revocation of DOE Security Badge (if unfavorable adjudication):

- 58. Revoking Authority Name (printed) & Signature: _____
- 59. Date: (mm/dd/yyyy): ___/___/___

Instructions for Completing the PIV Request Form

Section A

1. Check appropriate box to indicate if this is a new or replacement DOE Security Badge. If "Replacement" is selected, complete item 1a.
 - 1.a. If applicable, enter reason a replacement DOE Security Badge is needed.
2. Select "**Yes**" if an SF-85 or SF-86 form is attached. Select "**No (Replacement badge)**" if "Replacement" was selected in Item 1. Select "**No (Prior BI)**" if an acceptable prior background investigation is known to exist. Provide the name of the agency (source) and the associated case number (case #) in the space provided, if known.
3. Check appropriate box to indicate whether Applicant is a Federal or contractor employee.
4. Enter Applicant's full legal name.
5. Enter Applicant's social security number.
6. Enter Applicant's date of birth and place of birth. Include country if foreign born.
7. Enter name of employer.
8. Enter mailing address of employer listed in item 7.
- 9.-11. Enter city, state, and zip code portion of employer's mailing address.
12. Enter Applicant's home or work electronic mail (e-mail) address and phone number.
- 13.-16. Enter name, program office, work Phone & Fax numbers, and e-mail address of DOE Federal employee or authorized M&O contractor having direct liaison with Applicant.
- 17.-18. Signature and date of signature of the Federal Sponsor or Human resources representative (Federal or contractor) completing the form.

Section B

All information entered in Section B is identified as pertaining to the Applicant listed in Section A, item 4.

19. Enter Applicant's name as identified on first I-9 source document. (Document must be presented in person and in original form.)
20. Enter unique identification number associated with document listed in item 19.
21. Enter title or name of document listed in item 19.
22. Enter name of agency, agent, or entity issuing document listed in item 19.
23. Enter, if applicable, the expiration date of the document listed in item 19.
- 24.-28. Complete for the second I-9 document in the same manner as listed for the first in items 19.-23.

29. Enter country of Applicant's current citizenship.
30. Enter title of document used to prove Applicant's citizenship.
- 31.-32. Signature, printed name, and date of the individual reviewing and validating the identity source documents presented in person and in original form.

Section C

33. Enter date fingerprint check results were received from Office of Personnel Management (OPM)
34. Indicate, by checking the appropriate box, the fingerprint check results.
35. Enter any comment(s). (Optional)
- 36.-38. Enter name, program office, and work phone number of Registrar.
39. -40. Registrar's signature and date of signature.

Section D

41. Enter Applicant's name as printed on DOE security badge.
42. Enter unique DOE Security badge serial number associated with this badge.
43. Enter expiration date of the DOE security badge being issued to Applicant at this time.
- 44.-46. Enter name, employing office, and work phone number of person issuing this DOE security badge.
- 47.-48. Issuer's signature and date of signature.

Section E

- 49.-50. Applicant's signature and date of signature.

Section F

51. Enter date that OPM completed/closed the NACI.
52. Indicate OPM's case number for the NACI.
53. Indicate, by checking the appropriate box, whether the NACI transmittal reflects the presence of issues (derogatory information) requiring further adjudication.
54. Enter date NACI was reviewed for adjudication.
55. Select whether adjudication of NACI was favorable or unfavorable by checking the appropriate box.
- 56.-57. Registrar's printed name, signature, and date of signature after performing the adjudication.
- 58.-59. If revocation is required: Revoking Authority's signature, printed name, and the date the DOE Security Badge is revoked.