

Workplace Access Authorization Form

A. Request for Access (Completed By: HRM or COTR Initial PIV/FA Request, PC Supervisor All Other Request)

1. **Applicant** : Last Name: _____ First Name: _____ Middle Initial: _____

2. **Requested Item(s)**: Check all that apply

Initial PIV/FA Card (complete a through d and see below*) a. Circle One: Federal Employee / Contractor Employee / Other: _____

If Contractor: Company: _____ Ph. Number: _____

b. Position Title: _____ Expected Duration: _____

c. Attach completed OF-306, Declaration for Federal Employment d. Skip to 3 below

Replacement Card: Reason for Replacement: _____ Office Key: Room Number: _____

24/7 Access Special Location(s) (i.e. garage, data center, situation room) Specify: _____

If a specific Special Location is identified above, approval by an Authorizing Official(s) for that space is required below:

Name: _____ Signature: _____ Date: _____

I hereby approve access to the identified Special Location to the above Applicant.

3. **Sponsor** Name: _____ Office: _____ Ph. Number: _____

Sponsor Signature: _____ **Date**: _____

I certify that the above request is required for the performance of the Applicant's official Peace Corps duties.

SUBMIT COMPLETED ORIGINAL TO SS/IPSS AND COPY TO SS/EPTE. BOTH OFFICES CAN BE REACHED AT EXTENSION 2222.

***For Initial PIV/FA Card Only**

- Sponsor will obtain appropriate security paperwork from the Office of Safety and Security, Information and Personnel Safety and Security Division (SS/IPSS) for completion by the Applicant to be issued a Personal Identity Verification / Facility Access (PIV/FA) Card.
- Upon completion, the Sponsor will schedule a meeting with SS/IPSS at which the Applicant must appear in person, provide the security paperwork, and present two forms of identification (per I-9 list) in original form. At least one document shall be a valid State or Federal government issued picture identification (ID). SS/IPSS will review the security paperwork and, if successfully completed, capture the Applicant's fingerprints for processing (processing will last two weeks if favorable, potentially longer if unfavorable).
- **Only after favorable adjudication of fingerprint results will Applicant receive a card and be able to enter Peace Corps space.**

THE FOLLOWING SECTIONS ARE FOR INTERNAL USE ONLY

B. Identity Verification (SS/IPSS)

Document Collection and Review Security Packet Complete and Reviewed (Required for new cards only) IDs Match I-9 List
 IDs Authentic and Match Applicant Identification Source Documents Copied Captured Fingerprints Capture Digital Photo

Investigative Activity FBI Fingerprint Check Initiated – Date Initiated _____ Select Either a or b

a. Prior Background Investigation: Circle One (NACI / MBI / LBI / BI / SSBI) Date completed: _____ Date verified: _____

b. Investigation initiated – Date initiated _____ Type: Circle One (NACI / MBI / LBI / BI / SSBI)

4. **Registrar** Name: _____ Signature: _____ Date: _____

I certify that the above Applicant appeared before me and presented two ID source documents, which appeared to be genuine.

C. Issuance Approval (SS/IPSS)

Decision Based on (select either a or b): a. Favorably completed investigation: Circle One (NACI / MBI / LBI / BI / SSBI)

b. Favorably completed FBI Fingerprint Check and an initiated investigation (Provisional)

5. **Registrar** Name: _____ Signature: _____ Date: _____

I hereby approve issuance of the access control item(s) to the above-named Applicant.

FORWARD TO THE ISSUER AND SEND APPROVAL NOTIFICATION TO THE SPONSOR

D. Issuance (SS/EPTE)

Verify Applicant Identity Source Documents IDs and picture on file in PIV Card system/IDMS Match Applicant PTS # _____

8 Digit Card Serial Number on Back: _____ 6 Digit Number on Front: _____ Card Expiration Date: _____

6. **Issuer** Name: _____ Signature: _____ Date: _____

I hereby acknowledge issuance of the access control item(s) to the above-named Applicant.

E. Applicant Acknowledgement

I, the Applicant, confirm receipt of the requested item(s) identified above, verify that the information is accurate to the best of my knowledge, and agree to abide by all rules and responsibilities associated with the item(s).

7. **Applicant Signature** _____ **Date**: _____

UPON COMPLETION, ISSUER RETAINS A COPY AND RETURNS ORIGINAL TO REGISTRAR