

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT Personal Identity Verification (PIV)

Sonal Identity Verification (PI Applicant Information

	ONTRACTORC Number						
Reason for Request:					y applicant (
Last Name:					Middle Initial:		
Date of Birth:	Social Security Number:						
Place of Birth (City, State, Co	untry):						
US Citizen: YesNo	Sex:_	Race:	Eyes:	Hair:	Height:	Weight:	
Home Address:							
City, State, ZipCode:	Home Phone:						
Program Office:		_ Room Numb	er:	Buildi	ng Location _		
Position Title:	Work Phone:						
Contract Number: Contract Expiration Dat							
Sponsor: (Please Print) Name	Name I						
Sponsor Capacity (Check):	GTR_	GTM	_ Supervisor_	Ad	ministrative O	fficer	
Phone:							
Has the applicant had a previ	ous backs	ground investig	gation? Yes_	No			
If Yes, When		Where					
Is the PIV package complete: read access to a sensitive syst appropriate forms and cover:	em, it is to	o be submitted i	by the Securi	ty Adminis	trator for that	system with all	
<i>I.</i>		2.		3			

Privacy Act Statement: The information collected on this form is needed for processing requests for Personal Identity Verification (PIV) credentials (ID badges) for Federal employees and Federal contractors. The resulting PIV credential is required for access to federally controlled facilities and information systems. Personally identifiable information is protected by the Privacy Act of 1974, as amended (5 U.S. Code 552a). This information will only be used by Federal staff who hold positions of trust and who are specifically authorized to process PIV credentials. For questions, contact HUD's Departmental Privacy Act Officer in the Office of Chief Information Officer.