# Information Required for VA PIV Enrollment

Answer all questions below. This information is required to be processed for a PIV Smart Card, which is a requirement for VA employment.

**Last Name:** _____

**First Name:** _____

**Middle Name:** _____

**Generation Qualifier (circle one, if applicable.):** Jr. Sr. II III IV V

**VA E-Mail Address (REQUIRED)** _____@ VA. gov
If you do not have a VA e-mail address, coordinate with your Service's ADPAC to get one.

**Date of Birth (MM/DD/YYYY):** ____ ____ / ____ ____ / ____ ____ ____ ____

**Social Security Number (SSN):** ____ ____ ____ - ____ ____ - ____ ____ ____ ____

**Primary Duty Station (e.g. Palo Alto, Sonora, etc.):** _____

**Service (If Nursing, specify division (e.g. Nursing – Mental Health):** _____

**Position Title (e.g. physician):** _____

**Credentials (e.g. RN, MD, etc.):** _____

| | |
|---|---|
| **Sex (only circle one.):**<br>Male Female | **Race (only circle one.):**<br>American Indian Black-non-Hispanic<br>Asian/Pacific Islander White-non-Hispanic<br>Hispanic |
| **Height:** _____ feet _____ inches | **Weight:** _____ lbs. |
| **Eyes (only circle one.):**<br>Black Blue Brown<br>Grey Green Hazel | **Hair (only circle one.):**<br>Black Blonde Red<br>Brown Gray White<br>None |

**Place of Birth (City, State *or* City, Country, if born outside the U.S.A.):** _____

**Typical Shift (circle all that apply.):** Day Swing Night Graveyard

**Typical Work Hours (e.g. 8 am – 5pm):** _____ - _____ **Check if You Work Weekends:** ☐
**From** **To**

**Best Phone Number to Contact You:** _____

*For use by Personnel Security Office Staff Only (initial after completed):*

Manager _____ Sponsor _____ Biometrics _____ Registrar _____ Issuer _____ Post Issuance _____ Card Logged _____