

# Personal Identity Verification for Federal Employees and Contractors

Request for (check only one)

IRS employee

Contractor Contract number

Company name

## Part 1 — Applicant Information (Part 1 should be completed by the Sponsor)

Name (Last, First, MI)	Social Security Number	Date of birth (mm/dd/yyyy)
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Home mailing address

City	State	ZIP code	Phone number
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I have read the PIV Applicant information packet provided to me and the Privacy Act Notice and agree to participate in the PIV process.

Applicant signature	Date signed
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## I agree to sponsor the above applicant for a PIV credential

Sponsor name	Sponsor title	Sponsor phone number
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Sponsor signature	Date signed
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## Part 2A — Registrar Identity Verification (At least one ID must be a valid State or Federal issued photo ID)

Identification number one	ID Type/Title	ID number	ID Expiration date
Identification number two	ID Type/Title	ID number	ID Expiration date

I certify that the above information is accurate to the best of my knowledge

Registrar name	Registrar title	Registrar phone number
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Registrar signature	Date signed
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## Part 2B — Background Investigations

Date FBI National Criminal History check (Fingerprint check) initiated	Date FBI National Criminal History Check (Fingerprint check) completed
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OK to issue PIV credential <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Background Investigation <b>initiated</b> <input type="checkbox"/> N/A (see instructions)
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I certify that the above information is accurate to the best of my knowledge

Registrar name	Registrar title	Registrar phone number
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Registrar signature	Date signed
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Date Background Investigation <b>completed</b>	Date Background Investigation <b>discontinued</b>
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I certify that the above information is accurate to the best of my knowledge

Registrar name	Registrar title	Registrar phone number
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Registrar signature	Date signed
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**Part 3A — Issuer**

<b>Applicant identity re-verified</b> ( <i>If "No", do not issue credential</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date credential issued
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I acknowledge issuance of a credential to the applicant identified above based on verification of the applicant's identity and verification of the above Registrar's issuance approval. I certify that the above information is accurate to the best of my knowledge.

Issuer name	Issuer title	Issuer phone number
Issuer signature		Date signed

**Part 3B — Revocation of Credential**

Date credential revoked (*If applicable*)

Name of individual who revoked credential	Title	Phone number
Signature		Date signed

**Part 4 — Applicant Acknowledgement** (*This is to be signed by Applicant after issuance of credential*)

I, the Applicant, confirm receipt of the PIV credential and that the information is accurate to the best of my knowledge. I agree to abide by all rules and responsibilities associated with this credential and the PIV process.

Applicant signature	Date signed
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**Instructions****Applicant**

The Applicant is the individual to whom a PIV credential needs to be issued.

**Part 1 — Sponsor**

This individual substantiates the need for a PIV credential to be issued to the Applicant, and provides sponsorship to the Applicant. The PIV Sponsor requests the issuance of a PIV credential to the Applicant and completes Part 1 for the Applicant.

**Part 2A — Registrar**

This is the entity responsible for identity proofing of the Applicant and ensuring that successful completion of the background checks. The PIV Registrar provides the final approval for the initial issuance of a PIV credential to the Applicant.

**Part 2B — Background Investigations**

Check the box, N/A (not applicable), when a PIV credential will be required, but the applicant's position is a temporary appointment of less than 180 days. Reference IRM 1.23.3.8.1(4).

**Part 3 — Issuer**

This is the entity that performs credential personalization operations and issues the identity credential to the Applicant after all identity proofing, background checks, and related approvals have been completed. The PIV Issuer is also responsible for maintaining records and controls for PIV credential stock to ensure that stock is only used to issue valid credentials.

**Part 4 — Applicant Acknowledgement**

The applicant will sign here when they are issued their credential.

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**Privacy Act Notice**

5 U.S.C. § 301 and 31 U.S.C. § 321 provide the authority for collecting the requested information. Executive Order 9397 (November 22, 1943) provides the authority for requesting your social security number. The purpose for collecting the requested information is to enable the Bureaus and Offices within the Department of the Treasury to produce and distribute identification cards to allow entry into their facilities.

The information collected by this form may be disclosed in accordance with the Department of the Treasury's published routine uses and as otherwise permitted under the Privacy Act of 1974 (5 U.S.C. § 552a), including disclosure: to the Office of Personnel Management, the Merit Systems Protection Board, the equal Employment Opportunity Commission, and the Federal Labor Relation Board upon an authorized request; to agencies, contractors, and others to administer personnel and payroll systems, for debt collection and for employment or security investigations; to law enforcement agency if the Department of the Treasury becomes aware of a possible violation of a law or regulation; to a Congressional office in response to requests made on your behalf; to the Department of Justice, courts, and counsel during litigation; to unions if needed to perform their authorized duties; to other agencies under approved computer matches; and as otherwise authorized by law or regulations.

This form is in compliance with the Privacy Act of 1974. This form is needed to meet the policy requirements of the Department of the Treasury. The information on this form will be used to satisfy the requirements of Homeland Security Presidential Directive (HSPD) -12, Federal Information Processing Standards (FIPS) 201-PIV (Personal Identity Verification of Federal Employees and Contractors.)

Furnishing the information on this form, including your social security number, is voluntary, but failure to do so may result in non-issuance of an identification card, thereby preventing you from accessing the Department of the Treasury's facilities.