

Fingerprint Check Only
(No LincPass required)

OR

(select only one)

Background Investigation/LincPass
(HSPD-12/LincPass Required)

Minimum Background Investigation required for PIV/LincPass is Tier 1/NACI

The USDA Credential Matrix indicates that a performing non-employee requires a LincPass, or in some cases, a fingerprint check. The information collected on this **Personal Identifiable Information (PII) sheet** is required for both processes. This information is to be collected and transmitted in accordance with The Privacy Act of 1974.

Instructions: Enter the information below for the non-employee applicant. If form is incomplete or if required attachments are not included, the suitability package will not be processed and will be returned to Requestor.

***Required Attachments – if not included, form will not be processed and will be returned to Requestor**

- OF-306
- Resume
- Finger Print Charts (2)

***Name (Last, First, Middle):** Enter applicant's complete name as it appears on their government-issued ID (e.g. driver's license or passport). If the information doesn't match, the applicant will encounter problems during enrollment and may have to reapply.

***Date of Birth:** (mm/dd/yyyy)

***Place of Birth:** City/State.
If outside U.S., enter City/Country.

***Gender:** Please indicate the gender the applicant was born as.

***Social Security Number:**
If applicant is a Foreign National with no SSN, provide work authorization information.

***Country of Citizenship:** Provide all countries of citizenship.

***Home Address:** Enter the full address as it appears on the applicant's most recent/valid government-issued ID.

***Phone Number:**

***E-mail Address (business e-mail preferred):** Required for enrollment notification.

***Type of Investigation Required for Position:**

***Position Title:**

***Length of Appointment (NTE Date):**

***Company/Organization Name/Contract Number/
Expiration Date:**

***REE Area/Location/Duty Station** (of employee; city and state)

***REE POC (Action Requestor/AO/HR Specialist):
Name, Title, Address, and Telephone Number**

***Sponsor Name, Address, and Telephone Number:**
HSPD-12 Sponsor for USDA Credential (LincPass)

***Name(s) of Individual to Receive Finger Print Results
(AO and/or HR Liaison):** As indicated in portal request.

***Purchase Order Number/Treasury Account Symbol
Number:** Used for billing investigation products with OPM.

Please Hand Carry to POC/Sponsor

PSS Staff Use Only

Date Cleared: _____

Recipient: _____