

Department of Commerce Personal Identity Verification (PIV) Request

A. PIV Request & Source Document Confirmation (To be completed by Sponsor)

1. Replacement card? No Yes 1a. Reason for Replacement _____
2. Background investigation completed: No Yes Type/Date Completed _____ (If Yes, skip to Line 4 below)
3. Background investigation package complete? Yes (Required for new cards only)

Applicant Information

4. Type: Employee Contractor Affiliate/Guest/Other

5. Name (Last, First, Middle) _____
6. Applicant ID Number (from Training Certificate) _____
7. Position or Title _____
8. Organization _____
9. Work Phone _____ 10. Email _____

Sponsor Information

11. Sponsor ID Number _____
12. Name _____

I agree to sponsor the above Applicant for a PIV card and certify that the information is accurate to the best of my knowledge.

13. Sponsor Signature _____ 14. Date (mm/dd/yyyy) ___/___/___

B. Identity-Proofing (To be completed by Sponsor, Enrollment Official, or Registrar)

15. I-9 Form Attached? Yes
16. Copies of ID Source documents attached? Yes
17. Did Applicant present two forms of identification, one of which was a photo ID issued by a state or the Federal government? Yes

Identity Proofer Information (If Applicable)

18. Identity Proofer ID Number _____
19. Name _____

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

20. ID Proofer Signature _____ 21. Date (mm/dd/yyyy) ___/___/___
Signed by Sponsor / Enrollment Official (circle one)

C. Card Approval (To be completed by Registrar, after Sections A & B are completed)

Based on NAC / NACI / FBI Fingerprint Check Results (Circle one)

22. Date Completed (mm/dd/yyyy) ___/___/___
23. Favorable? Yes No (If no, notify Sponsor for adjudication decision)
24. Comments _____

Registrar Information

25. Register ID Number _____
26. Name _____

I hereby Approve Disapprove issuance of a PIV card to the above-named Applicant.

27. Registrar Signature _____ 28. Date (mm/dd/yyyy) ___/___/___

D. Card Details (To be completed by Final Issuer after Section C has been completed)

29. Name on Card _____
30. Agency PIV Card Number _____
31. Card Expiration Date (mm/dd/yyyy) ___/___/___

Issuer Information

32. Issuer ID Number _____
33. Name _____

I acknowledge issuance of a PIV card to the Applicant identified above based on verification of the Applicant's identity and the above Registrar's issuance approval.

34. Issuer Signature _____ 35. Date (mm/dd/yyyy) ___/___/___

E. Applicant Acknowledgement (To be completed by Applicant, after Section D is completed)

I, the Applicant, confirm receipt of the PIV card 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 this card.

36. Applicant Signature _____ 38. Date (mm/dd/yyyy) ___/___/___

Upon completion, return this form to the Registrar