PERSONNEL SECURITY DATA FORM
CONTRACTOR

OMB Control Number: 3133-0201

National Credit Union Administration
Office of Continuity and Security Management

Section A: Applicant Information

Last Name (Legal Family)	First Name (Legal Given)	Middle (or NMN if none)	Other Names Used	Suffix

Social Security Number	Date of Birth MM/DD/YYYY	Place of Birth (City and State)	Country (non-U.S.)	Sex ☐ M ☐ F

Home Street Address *(P.O. Box not accepted)*	U.S Citizen? ☐ Yes ☐ No	Naturalized U.S. Citizen? ☐ Yes ☐ No
	Non-U.S. citizens, see Instructions below	
	Email Address	Phone Number

Section B: Contract Information

Risk Level (*Submit SOW to PERSEC if unknown*) ☐ Low ☐ Moderate ☐ High	NCUA COR or Point of Contact	Company Name (Prime)
Applicant will require (select all that apply): ☐ IT Access ☐ Facilities Access	Other NCUA Point of Contact	Company Name (Sub-Contractor)
What is the Applicant's physical working location? ☐ Eastern ☐ Southern ☐ Western ☐ Central Office ☐ Field/Remote	Office/Region Supporting	Performance Manager *(NCUA or Contractor)*

Contract Number

Contractor Dates of Service *(full contract length; see Instructions below)*

INSTRUCTIONS

Use: This form, in its entirety, must be submitted for any contractor requiring access to NCUA information, systems, or facilities.
Submission: A typed document is preferred to avoid delays and incorrect information. The applicant's full legal name is required. All documentation must be submitted by the COR to Personnel Security at PersonnelSecurity@NCUA.gov.
Non-U.S. Citizens: If the applicant is a non-U.S.citizen, submit a copy of their foreign passport and work authorization documents along with this form (i.e. permanent resident card).
Access: *Contractor Dates of Service* will be utilized to determine an end date for the applicant's services (i.e. termination of access). Utilize the end of the contract including all option years, if another date has not been established.

Privacy Act: AUTHORITY: 5 CFR § 731 and 736; Executive Order 13467; Executive Order 12968/SEAD 4. Disclosure of the requested information is not mandatory. **PURPOSE**: To assist NCUA personnel in making an informed decision regarding suitability for federal employment, fitness for contract employment, and/or granting of a security clearance. **ROUTINE USE(S)**: In addition to the disclosures generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act, the information contained herein may specifically be used to document the outcome of adjudicative determination for the issuance of the HSPD-12 PIV card or the local agency access badge, and to document the outcome of adjudicative determinations for suitability, fitness, and/or national security clearances. Contact information is used for communication and authentication purposes. A complete list of Routine Uses is available at NCUA-1, Personnel Access and Security System (81 FR 12748). **EFFECTS OF NOT PROVIDING INFORMATION**: The requested information is needed to process your claim for employment and/or access. Disclosure of your personal information is voluntary. However, failure to provide the requested information may result in removal from the hiring process. **SORN**: NCUA-1, Personnel Access and Security System (81 FR 12748), Office of Personnel Management OPM/Central-9.

Paperwork Reduction Act Statement: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3133-0201. We estimate that it will take 10 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: NCUA, Office of Continuity and Security Management,1775 Duke Street, Alexandria, VA 22314-3428.

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