

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 Identity 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, 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 (if LincPass/Investigation required)**
- Finger Print Charts (2)**

***Company/Organization Name/Revocable Permit:** Indicate number & expiration date

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

***USDA POC Name, Title, Address, and Telephone Number**

***Sponsor Name, Address, and Telephone Number**

***Name(s) of Individual to Receive Finger Print Results (AO and/or HR Liaison)**

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

***Type of Investigation Required for ARS Position**

***Position to Which Appointed**

***Existing Background Investigation?** *Yes/No/Don't Know. If yes, enter the agency that conducted the investigation (e.g. USDA, Treasury, Energy, etc.).*

***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 non-employee 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**

***Social Security Number**

***Country of Citizenship**

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

***Phone/Type (e.g. Business)**

***E-mail Address (business e-mail preferred)** *Required for enrollment notification. If the applicant does not have a business email address, enter the address of the person who will manage enrollment activities, e.g. Security Officer or Supervisor.*

***PO Number/TAS Number**

Please Hand Carry to POC/Sponsor

PSS Staff Use Only

Date Cleared: _____

Recipient: _____