



National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314-3428
703-518-6300

NCUA Point of Contact Information:

Date:

NCUA Program Officer:
NCUA Office:

Phone:

Contractor's Point of Contact:

Phone:

Email:

Fax:

Contractor information

FULL NAME OF CONTRACTOR:					
E-Mail Address:					
1. Contract/Purchase Order Number					
2. Period of Performance					
a. Duty Days:			b. Duty Hours:		
				5. Contractor's Start Date	
3. Has an OF-306 submitted?*		Yes	No	6. Contractor's End Date	
One OF-306 must be submitted for each person working on contract.					
* If no, please explain here:					
7. Contractor Risk Level		High	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
				Low	<input type="checkbox"/>
8. Citizenship Status		US Citizen?	Yes	No	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
* Non-U.S. Citizen status must provide proof of residence status					
9. Does the contractor have previous or current federal contract employment without a break in service of two years or longer?				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>

***Must meet OPM requirements outlined in HSPD-12, dated 31 July 2008, to attain authorization for Physical and/or IT access.**

 NCUA Office Representative
 Signature and Date