CONTRACTOR PERSONNEL ROLLOVER REQUEST FORM

Social Security Administration (SSA) *Center for Suitability and Personnel Security (CSPS)*

The Company Point of Contact (CPOC) must ensure the information is complete and accurate (all fields are required) and then submit via secure email to **SecRes.PerSec.Contractor.Vetting@ssa.gov** and **ENService@ssa.gov**.

Only use this form when contractor personnel already working on an SSA agreement need to move to another SSA agreement. The information on this form must be typed, complete, and accurate. Failure to do so may result in a delay in receiving a suitability letter. The CPOC and ENService@ssa.gov will receive suitability letters from the Center for Suitability and Personnel Security (CSPS) once the rollover is complete.

FULL NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	FROM	TO	ACTIVE ON BOTH AGREEMENTS?	
LAST FIRST MIDDLE	*000-00-0000*	*MM/DD/YYYY*	*AGREEMENT NUMBER*	*AGREEMENT NUMBER*	*YES*	*NO*
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CPOC INFORMATION:

NAME: _____ EMAIL ADDRESS: _____

PHONE: _____ DATE OF SUBMISSION: _____

EN SERVICE INFORMATION:

EMAIL ADDRESS: **ENService@ssa.gov**