Submit this document to your designated contracting officer’s representative-contracting officer’s technical representative (COR-COTR) via secure email. The COR-COTR must ensure the information is complete and accurate (all fields are required) and then submit to ^DCHR OPE Suitability.

Only use this form when contractor personnel already working on an SSA contract need to move to another SSA contract. 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 company point of contact (CPOC) and COR-COTR will receive suitability letters from the Center for Suitability and Personnel Security (CSPS) once the rollover is complete.

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| **FULL NAME** | **SOCIAL SECURITY NUMBER** |  **DATE OF BIRTH** | **FROM** | **TO** |  **ACTIVE ON BOTH CONTRACTS?** |
|  ***LAST FIRST MIDDLE*** |  ***000-00-0000*** |  ***MM/DD/YYYY*** |  ***CONTRACT NUMBER*** |  ***CONTRACT NUMBER*** |  ***YES*** |  ***NO*** |
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| **CPOC INFORMATION:**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF SUBMISSION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **COR-COTR INFORMATION:**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |