SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.
PRINCIPAL PURPOSE: To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.
ROUTINE USES: None.
DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

TYPE OF REQUEST
☐ INITIAL ☐ MODIFICATION ☐ DEACTIVATE ☐ USER ID_____

DATE *(YYYYMMDD)*

SYSTEM NAME *(Platform or Applications)*

LOCATION *(Physical Location of System)*

PART I *(To be completed by Requestor)*

1. NAME *(Last, First, Middle Initial)*	2. ORGANIZATION
3. OFFICE SYMBOL/DEPARTMENT	4. PHONE *(DSN or Commercial)*
5. OFFICIAL E-MAIL ADDRESS	6. JOB TITLE AND GRADE/RANK
7. OFFICIAL MAILING ADDRESS	8. CITIZENSHIP ☐ US ☐ FN ☐ OTHER
	9. DESIGNATION OF PERSON ☐ MILITARY ☐ CIVILIAN ☐ CONTRACTOR

10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS *(Complete as required for user or functional level access.)*
☐ I have completed Annual Information Awareness Training. DATE *(YYYYMMDD)* _____

11. USER SIGNATURE
Nick Shatwo SHATWO.NICK.1001411523 Digitally signed by SHATWO.NICK.1001411523 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USMC, cn=SHATWO.NICK.1001411523 Date: 2013.01.17 09:43:42 -06'00'

12. DATE *(YYYYMMDD)* 20130117

PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR *(If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)*

13. JUSTIFICATION FOR ACCESS

14. TYPE OF ACCESS REQUIRED:
☐ AUTHORIZED ☐ PRIVILEGED

15. USER REQUIRES ACCESS TO: ☐ UNCLASSIFIED ☐ CLASSIFIED *(Specify category)*
☐ OTHER _____

16. VERIFICATION OF NEED TO KNOW
I certify that this user requires access as requested. ☐

16a. ACCESS EXPIRATION DATE *(Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)*

17. SUPERVISOR'S NAME *(Print Name)* Eight 128 Navy	18. SUPERVISOR'S SIGNATURE NAVY.EIGHT.128.1160166009 Digitally signed by NAVY.EIGHT.128.1160166009 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USN, cn=NAVY.EIGHT.128.1160166009 Date: 2013.01.11 10:07:54 -06'00'	19. DATE *(YYYYMMDD)* 20130111
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT	20a. SUPERVISOR'S E-MAIL ADDRESS	20b. PHONE NUMBER
21. SIGNATURE OF INFORMATION OWNER/OPR	21a. PHONE NUMBER	21b. DATE *(YYYYMMDD)*

22. SIGNATURE OF IAO OR APPOINTEE	23. ORGANIZATION/DEPARTMENT	24. PHONE NUMBER	25. DATE *(YYYYMMDD)*

26. NAME *(Last, First, Middle Initial)*

27. OPTIONAL INFORMATION *(Additional information)*

CPR Trusted Agent Security Manager (TASM)

1. Site ID #: __172520_ 2. Service: NAVY 3. Country: U.S.___
(If new Site leave blank)
4. Last Name: _Shatwo_____ ___ 5. First Name: ___Nick_____ 6. Middle Initial: _____
7. SSN: 123-45-6789_ 8. Phone #: _(850) 452-7710_____ 9. DSN #: __922-7710_____
10. Email Address: _Nick.Shatwo@Navy.mil_____

11. Mailing Address: _130 West Avenue, Suite D Pensacola, Fl 32508_____

12. Applicant Status: [Government Civilian Employee, Active Duty Military Member, or Contractor] (select one): _ADMM_____

13. TASM Designator: [Primary OR Alternate] (select one): Primary____

14. Account Action: [Registration OR Revocation] (select one): Registration__

15. Prospective TASM or current TASM (for TASM revocation): On the first page of the form, type your full name in Block 11, the "User Signature" field, type the date in Block 12, insert your digital signature in the field adjacent to your typed name in Block 11, then save and email the form to your supervisor/approving official.

16. Supervisor/Approving Official: On the first page of the form, type your full name in Block 17, "Supervisor's Name," type the date in Block 19, and then enter your digital signature in Block 18, "Supervisor's Signature."

17. Email (do not fax) form to the CAC PMO for processing.

18. CAC PMO CPR Project Officer: Complete "Verified By" block below (print name, input digital signature and input date signed).

PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION

28. TYPE OF INVESTIGATION		28a. DATE OF INVESTIGATION *(YYYYMMDD)*	
28b. CLEARANCE LEVEL		28c. IT LEVEL DESIGNATION ☐ LEVEL I ☐ LEVEL II ☐ LEVEL III	
29. VERIFIED BY *(Print name)*	30. SECURITY MANAGER TELEPHONE NUMBER	31. SECURITY MANAGER SIGNATURE	32. DATE *(YYYYMMDD)*

PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION

TITLE:	SYSTEM	ACCOUNT CODE
	DOMAIN	
	SERVER	
	APPLICATION	
	DIRECTORIES	
	FILES	
	DATASETS	
DATE PROCESSED *(YYYYMMDD)*	PROCESSED BY *(Print name and sign)*	DATE *(YYYYMMDD)*
DATE REVALIDATED *(YYYYMMDD)*	REVALIDATED BY *(Print name and sign)*	DATE *(YYYYMMDD)*

Reset

INSTRUCTIONS

The prescribing document is as issued by using DoD Component.

A. PART I: The following information is provided by the user when establishing or modifying their USER ID.

(1) Name. The last name, first name, and middle initial of the user.

(2) Organization. The user's current organization (i.e. DISA, SDI, DoD and government agency or commercial firm).

(3) Office Symbol/Department. The office symbol within the current organization (i.e. SDI).

(4) Telephone Number/DSN. The Defense Switching Network (DSN) phone number of the user. If DSN is unavailable, indicate commercial number.

(5)Official E-mail Address. The user's official e-mail address.

(6) Job Title/Grade/Rank. The civilian job title (Example: Systems Analyst, GS-14, Pay Clerk, GS-5)/military rank (COL, United States Army, CMSgt, USAF) or "CONT" if user is a contractor.

(7) Official Mailing Address. The user's official mailing address.

(8) Citizenship (US, Foreign National, or Other).

(9) Designation of Person (Military, Civilian, Contractor).

(10) IA Training and Awareness Certification Requirements. User must indicate if he/she has completed the Annual Information Awareness Training and the date.

(11) User's Signature. User must sign the DD Form 2875 with the understanding that they are responsible and accountable for their password and access to the system(s).

(12) Date. The date that the user signs the form.

B. PART II: The information below requires the endorsement from the user's Supervisor or the Government Sponsor.

(13). Justification for Access. A brief statement is required to justify establishment of an initial USER ID. Provide appropriate information if the USER ID or access to the current USER ID is modified.

(14) Type of Access Required: Place an "X" in the appropriate box. (Authorized - Individual with normal access. Privileged - Those with privilege to amend or change system configuration, parameters, or settings.)

(15) User Requires Access To: Place an "X" in the appropriate box. Specify category.

(16) Verification of Need to Know. To verify that the user requires access as requested.

(16a) Expiration Date for Access. The user must specify expiration date if less than 1 year.

(17) Supervisor's Name (Print Name). The supervisor or representative prints his/her name to indicate that the above information has been verified and that access is required.

(18) Supervisor's Signature. Supervisor's signature is required by the endorser or his/her representative.

(19) Date. Date supervisor signs the form.

(20) Supervisor's Organization/Department. Supervisor's organization and department.

(20a) E-mail Address. Supervisor's e-mail address.

(20b) Phone Number. Supervisor's telephone number.

(21) Signature of Information Owner/OPR. Signature of the functional appointee responsible for approving access to the system being requested.

(21a) Phone Number. Functional appointee telephone number.

(21b) Date. The date the functional appointee signs the DD Form 2875.

(22) Signature of Information Assurance Officer (IAO) or Appointee. Signature of the IAO or Appointee of the office responsible for approving access to the system being requested.

(23) Organization/Department. IAO's organization and department.

(24) Phone Number. IAO's telephone number.

(25) Date. The date IAO signs the DD Form 2875.

(27) Optional Information. This item is intended to add additional information, as required.

C. PART III: Certification of Background Investigation or Clearance.

(28) Type of Investigation. The user's last type of background investigation (i.e., NAC, NACI, or SSBI).

(28a) Date of Investigation. Date of last investigation.

(28b) Clearance Level. The user's current security clearance level (Secret or Top Secret).

(28c) IT Level Designation. The user's IT designation (Level I, Level II, or Level III).

(29) Verified By. The Security Manager or representative prints his/her name to indicate that the above clearance and investigation information has been verified.

(30) Security Manager Telephone Number. The telephone number of the Security Manager or his/her representative.

(31) Security Manager Signature. The Security Manager or his/her representative indicates that the above clearance and investigation information has been verified.

(32) Date. The date that the form was signed by the Security Manager or his/her representative.

D. PART IV: This information is site specific and can be customized by either the DoD, functional activity, or the customer with approval of the DoD. This information will specifically identify the access required by the user.

E. DISPOSITION OF FORM:

TRANSMISSION: Form may be electronically transmitted, faxed, or mailed. Adding a password to this form makes it a minimum of "FOR OFFICIAL USE ONLY" and must be protected as such.

FILING: Original SAAR, with original signatures in Parts I, II, and III, must be maintained on file for one year after termination of user's account. File may be maintained by the DoD or by the Customer's IAO. Recommend file be maintained by IAO adding the user to the system.