SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)										
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	PRIVACY ACT STATEMENT Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act. E: 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. None. Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or									
DIOOLOGONE.	prevent further processing of this			no roquosi	od illioimation may	impode, delay of				
TYPE OF REQUEST INITIAL			DATE (YYYYMMDD)							
SYSTEM NAME (Platform	n or Applications) Select system(s)	for acc	ess	LOCA	TION (Physical Loc	ation of System)				
Advana										
PART I (To be completed	· · · · · · · · · · · · · · · · · · ·									
NAME (Last, First, Middle Initial)			2. ORGANIZATION	2. ORGANIZATION						
3. OFFICE SYMBOL/DEPARTMENT			4. PHONE (DSN or Commercial)							
5. OFFICIAL E-MAIL ADDRESS			6. JOB TITLE AND GRAI	6. JOB TITLE AND GRADE/RANK						
7. OFFICIAL MAILING ADDRESS			8. CITIZENSHIP US FI OTHER	N	9. DESIGNATION MILITARY CONTRACT	CIVILIAN				
	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	<u> </u>		12. DATE (YYYYMMDD)							
		late of c)		(If individual is a				
14. TYPE OF ACCESS R		ana.d	ata.mil/plugins/servl	et/desk/j	portal/5					
AUTHORIZED	PRIVILEGED									
15. USER REQUIRES AC	CCESS TO: UNCLAS:	SIFIED	CLASSIFIED (Spo	ecify catego	ory)					
16. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested. 16a. ACCESS EXPIRATION DATE (Contractors must specify Company No Contract #, Expiration Date. Use Block 27 if needed.) CIV or MIL please must be a contract #, Expiration Date.										
17. SUPERVISOR'S NAM	IE (Print Name)	18. Sl	ERVISOR'S SIGNATURE 19. DATE (YYYYMMDD)							
20. SUPERVISOR'S ORG	GANIZATION/DEPARTMENT	20a. S	SUPERVISOR'S E-MAIL ADDI	RESS	20b. PHONE NUMBER					
21. SIGNATURE OF INFO	DRMATION OWNER/OPR	1	21a. PHONE NUMBER 21b. DATE (YYYYMMDD)		YYMMDD)					
22. SIGNATURE OF IAO	OR APPOINTEE	23. OF	L RGANIZATION/DEPARTMEN	Γ 24. PF	IONE NUMBER	25. DATE (YYYYMMDD)				

26. NAME (Last, First, M	Middle Initial)							
27. Must Be Con	npleted For NF	R Database Access:						
Group		Select User Role:						
IPA								
Report	ing Entity							
ODCF	О							
DoDIO	G							
DoD G	General User:							
Specify the En	tity you will suppo	ort:						
Additional Inf	ormation:							
PART III - SECURITY N	MANAGER VALIDAT	ES THE BACKGROUND INVE	STIGAT	TION OR CLEARAI	NCE INFORMATIO	N		
28. TYPE OF INVESTIGATION			28a. D.	ATE OF INVESTIG	ATION (YYYYMME	OD)		
28b. CLEARANCE LEVEL				28c. IT LEVEL DESIGNATION LEVEL I LEVEL II LEVEL III				
29. VERIFIED BY (Print name) 3		30. SECURITY MANAGER TELEPHONE NUMBER	31. SECURITY MANAGER SIGNATURE		R SIGNATURE	32. DATE (YYYYMMDD)		
PART IV - COMPLETIC	N BY AUTHORIZE	STAFF PREPARING ACCOU	JNT INF	ORMATION				
TITLE:	SYSTEM			ACCOUNT CODE	<u> </u>			
DOMAIN SERVER								
APPLICATION								
	DIRECTORIES							
	FILES							
	DATASETS							
DATE PROCESSED (YYYYMMDD)	PROCESSED BY	(Print name and sign)		DATE (YYYYMM	DD)			
DATE REVALIDATED	DEVALIDATED D	/ (Print name and sign)		DATE (MANAMA	001			
(YYYYMMDD)	KEVALIDATED BY	(Print name and sign)		DATE (YYYYMM	נטט)			

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 II, Level III, 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.