SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)									
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 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	provent tartifor processing or time	•			DATE (YYYYMM	DD)			
	DIFICATION DEACTIVATE	U	SER IDSSAN XXX-XX-X			150112			
SYSTEM NAME (Platform				LOCAT	LOCATION (Physical Location of System)  Kirtland AFB				
	agement System (AFFMS II)				Kirtiano	IAFB			
PART I (To be completed  1. NAME (Last, First, Mich.)			2. ORGANIZATION						
. To ave (Last, 1 hot, who	and miliary		Z. OHG/HIZ/HIGH						
3. OFFICE SYMBOL/DEF	PARTMENT		4. PHONE (DSN or Comm	nercial)					
5. OFFICIAL E-MAIL ADD	DRESS		6. JOB TITLE AND GRAD	E/RANK					
7. OFFICIAL MAILING AD	DDRESS		8. CITIZENSHIP		9. DESIGNATION	N OF PERSON			
			<b>≭</b> US FN		<b>★</b> MILITARY	CIVILIAN			
			OTHER		CONTRACT	OR			
	VARENESS CERTIFICATION REC		ENTS (Complete as required						
11. USER SIGNATURE					12. DATE (YYYY	 (MMDD)			
THE COLIT CIGITATION					12. 5/(12 (****	22)			
13. JUSTIFICATION FOR	any name, contract number, and d	ac or cor	tract expiration in block re.)						
14. TYPE OF ACCESS RI  ★ AUTHORIZED	PRIVILEGED								
15. USER REQUIRES AC	CESS TO: UNCLASS	SIFIED	CLASSIFIED (Spec	cify catego	ry)				
OTHER									
16. VERIFICATION OF N	EED TO KNOW	16	6a. ACCESS EXPIRATION D						
I certify that this user r	equires access as requested.	×	Contract Number, Expirati	ion Date.     l	Jse Block 27 if nee	ded.)			
17. SUPERVISOR'S NAM	E (Print Name)		ERVISOR'S SIGNATURE		19. DATE (YYY)	YMMDD)			
20. SUPERVISOR'S ORG	GANIZATION/DEPARTMENT	PERVISOR'S E-MAIL ADDR	ESS	20b. PHONE NUMBER					
21. SIGNATURE OF INFO	DRMATION OWNER/OPR		21a. PHONE NUMBER		21b. DATE (YY)	YYMMDD)			
22. SIGNATURE OF IAO	OR APPOINTEE	23. ORG	 GANIZATION/DEPARTMENT	24. PH	ONE NUMBER	25. DATE (YYYYMMDD)			

26. NAME (Last, First, M	Middle Initial)				
27. OPTIONAL INFORM	MATION (Additional i	nformation)			
PART III - SECURITY N	IANAGER VALIDAT	ES THE BACKGROUND INV	ESTIGA <sup>*</sup>	TION OR CLEARANCE INFORMATION	ON .
28. TYPE OF INVESTIG		- In the second		ATE OF INVESTIGATION (YYYYMME	
				,	,
28b. CLEARANCE LEV	EL			LEVEL DESIGNATION	
20 VEDICIED DV /Dries	namal	20 SECUDITY MANAGED	X LI		
29. VERIFIED BY (Print	name)	29. VERIFIED BY ( <i>Print name</i> ) 30. SECURITY MANAGER TELEPHONE NUMBER		EVEL I LEVEL II	LEVEL III
		TELEPHONE NUMBER	31. SE	CURITY MANAGER SIGNATURE	LEVEL III  32. DATE (YYYYMMDD)
		TELEPHONE NUMBER Fill in		CURITY MANAGER SIGNATURE	
TITLE:		TELEPHONE NUMBER		CURITY MANAGER SIGNATURE  ORMATION	
	SYSTEM	TELEPHONE NUMBER Fill in		CURITY MANAGER SIGNATURE	
	SYSTEM	TELEPHONE NUMBER Fill in		CURITY MANAGER SIGNATURE  ORMATION	
		TELEPHONE NUMBER Fill in		CURITY MANAGER SIGNATURE  ORMATION	
	SYSTEM	TELEPHONE NUMBER Fill in		CURITY MANAGER SIGNATURE  ORMATION	
	SYSTEM	TELEPHONE NUMBER Fill in		CURITY MANAGER SIGNATURE  ORMATION	
	DOMAIN  SERVER	TELEPHONE NUMBER Fill in		CURITY MANAGER SIGNATURE  ORMATION	
	SYSTEM	TELEPHONE NUMBER Fill in		CURITY MANAGER SIGNATURE  ORMATION	
	DOMAIN  SERVER  APPLICATION	TELEPHONE NUMBER Fill in		CURITY MANAGER SIGNATURE  ORMATION	
	DOMAIN  SERVER	TELEPHONE NUMBER Fill in		CURITY MANAGER SIGNATURE  ORMATION	
	DOMAIN  SERVER  APPLICATION  DIRECTORIES	TELEPHONE NUMBER Fill in		CURITY MANAGER SIGNATURE  ORMATION	
	DOMAIN  SERVER  APPLICATION	TELEPHONE NUMBER Fill in		CURITY MANAGER SIGNATURE  ORMATION	
	DOMAIN  SERVER  APPLICATION  DIRECTORIES	TELEPHONE NUMBER Fill in		CURITY MANAGER SIGNATURE  ORMATION	
	SYSTEM  DOMAIN  SERVER  APPLICATION  DIRECTORIES  FILES	TELEPHONE NUMBER Fill in		CURITY MANAGER SIGNATURE  ORMATION	
DATE PROCESSED	DOMAIN  SERVER  APPLICATION  DIRECTORIES  FILES  DATASETS	TELEPHONE NUMBER Fill in		CURITY MANAGER SIGNATURE  ORMATION	
DATE PROCESSED (YYYYMMDD)	DOMAIN  SERVER  APPLICATION  DIRECTORIES  FILES  DATASETS	TELEPHONE NUMBER Fill in  D STAFF PREPARING ACCOL		CURITY MANAGER SIGNATURE  ORMATION  ACCOUNT CODE	
	DOMAIN  SERVER  APPLICATION  DIRECTORIES  FILES  DATASETS  PROCESSED BY	TELEPHONE NUMBER Fill in  D STAFF PREPARING ACCOL		CURITY MANAGER SIGNATURE  ORMATION  ACCOUNT CODE	

## **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.
- $(16)\ \mbox{Verification}$  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.