

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 <input type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> USER ID _____		DATE (YYYYMMDD)	
SYSTEM NAME (Platform or Applications) PMRT		LOCATION (Physical Location of System) ALTESS	
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 <input type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER	9. DESIGNATION OF PERSON <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR
10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user of functional level access) I have completed Annual Information Awareness Training DATE (YYYYMMDD) _____			
11. USER SIGNATURE			12. DATE (YYYYMMDD)
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.)			
13a. ROLE(S) You must select a role. Click here to see PDF of role explanations Web CCaR Exec CCaR (type org or program) DAPR Enterprise Reports Resource Identification Tool		13a. JUSTIFICATION FOR ACCESS	
14. TYPE OF ACCESS REQUIRED <input type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED			
15. USER REQUIRES ACCESS TO: <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED (Specify category) <input type="checkbox"/> OTHER _____			
16. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested. <input type="checkbox"/>		16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. User Block 27 if needed.)	
17. SUPERVISOR'S NAME (Print Name)		18. SUPERVISOR'S SIGNATURE	19. DATE (YYYYMMDD)
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)

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 <input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input type="checkbox"/> 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)