

## SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

### PRIVACY ACT STATEMENT

AUTHORITY: EXECUTIVE ORDER 10450, 9397, AND PUBLIC LAW 99-474, THE COMPUTER FRAUD AND ABUSE ACT  
 PURPOSE OF USE: TO RECORD NAMES, SIGNATURES, AND SOCIAL SECURITY NUMBERS FOR THE PURPOSE OF VALIDATING THE TRUSTWORTHINESS OF INDIVIDUALS REQUESTING ACCESS TO DEPARTMENT OF DEFENSE (DOD) SYSTEMS AND INFORMATION.  
 ROUTINE USES: THOSE GENERALLY PERMITTED UNDER THE 5 U.S.C. 522A(B) OF THE PRIVACY ACT AS REQUIRED.  
 DISCLOSURE: DISCLOSURE OF THIS INFORMATION IS VOLUNTARY; HOWEVER, FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY IMPEDE, DELAY OR PREVENT FURTHER PROCESSING OF THIS REQUEST.  
 NOTE: RECORDS MAY BE MAINTAINED IN BOTH ELECTRONIC AND/OR PAPER FORM.

TYPE OF REQUEST <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DELETION <input type="checkbox"/> USER ID _____	DATE
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SYSTEM NAME <i>(Platform or Applications)</i> Ports and Protocols Adjudication Process Application Ports and Protocols Registration Application	LOCATION <i>(Physical Location of System)</i> 701 S. Courthouse Road Arlington, VA 22204
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**PART I: (To be completed by Requestor)**

1. NAME <i>(LAST, FIRST, MI)</i>	2. SOCIAL SECURITY NUMBER
3. ORGANIZATION	4. OFFICE SYMBOL/DEPARTMENT
6. OFFICIAL E-MAIL ADDRESS	5. PHONE <i>(DSN or Commercial)</i>
8. OFFICIAL MAILING ADDRESS	7. JOB TITLE & GRADE/RANK

**USER AGREEMENT (COMPLETE BLOCK 29 OR 30 AS APPROPRIATE)**

I accept the responsibility for the information and DOD system to which I am granted access and will not exceed my authorized level of system access. I understand that my access may be revoked or terminated for non-compliance with DISA/DOD security policies. I accept responsibility to safeguard the information contained in these systems from unauthorized or inadvertent modification, disclosure, destruction, and use. I understand and accept that my use of the system may be monitored as part of managing the system, protecting against unauthorized access and verifying security problems. I agree to notify the appropriate organization that issued my account(s) when access is no longer required.

9. USER SIGNATURE	10. DATE
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**PART II: SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OF CLEARANCE INFORMATION.**

11. CLEARANCE LEVEL	11a. ADP DESIGNATION
12. TYPE OF INVESTIGATION	12a. DATE
13. VERIFIED BY: <i>(Print name)</i>	14. SIGNATURE
	15. DATE

**PART III: 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).*

16. JUSTIFICATION FOR ACCESS  
 Responsible for entering and validating Ports and Protocols information

17. TYPE OF ACCESS REQUIRED: <input checked="" type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED			
18. USER REQUIRES ACCESS TO: <input type="checkbox"/> UNCLASSIFIED <input checked="" type="checkbox"/> CLASSIFIED <i>(Specify Category)</i> <b>Secret</b>			
19. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested. <input checked="" type="checkbox"/>		19a. EXPIRATION DATE FOR ACCESS <i>(Specify date if less than 1 year)</i>	
20. SUPERVISOR'S NAME <i>(Print name)</i>	21. SUPERVISOR'S SIGNATURE	22. DATE	
23. SUPERVISOR'S ORGANIZATION/DEPARTMENT			23a. PHONE NUMBER
24. SIGNATURE OF FUNCTIONAL DATA OWNER/OPR	24a. PHONE NUMBER	24b. DATE	
25. SIGNATURE OF ISSO	26. ORG./DEPARTMENT	27. PHONE NUMBER	28. DATE