INSTRUCTIONS

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

(1) NAME: The last name, first name, and middle initial of the user.
(2) SOCIAL SECURITY NUMBER: The social security number of user.
(3) ORGANIZATION: The user's current organization (*i.e.* , *DMC Columbus*).
(4) OFFICE SYMBOL/DEPARTMENT: The office symbol within the current organization (*i.e., WECO3*)
(5) ACCOUNT CODE: Account code, if required.
(6) JOB TITLE/FUNCTION: The job function *(i.e., System Analyst, Pay Clerk, etc).*
(7) GRADE/RANK: The civilian pay grade, military rank or CONT is user is a contractor.
(8) PHONE (DSN): The Defense Switching Network (DSN) phone number of the user. If DSN is unavailable, indicate commercial number.

USERS' S SIGNATURE: User must sign the SAAR form with the understanding that they are responsible and accountable
for their password and access to the system(s).

B. PART II: The following information is provided by the User's Security Manager.

(9) CLEARANCE LEVEL: The user's current security level and ADP Level *(i.e., Secret, Top Secret, ADP I, ADP III, etc.)*
(10) TYPE OF INVESTIGATION: The user's last type of background investigation, *(i.e., NAC, NAIC, OR SSBI).*
(11) DATE OF INVESTIGATION: The date of the last background investigation.
(12) SIGNATURE: The Security Manager or his representative signature indicates that the above clearance and investigation information has been verified.
(13) PHONE NBR: The Security Manager's phone number.
(14) DATE: The date that the form was signed by the security manager or his representative.

C. PART III: The following information is provided by the user's supervisor.

(15) ACCESS REQUIRED *(Location)*: The full name of the location at which access is required.
(16) ACCESS TO CLASSIFED REQUIRED?: Place an "X" in the appropriate box.
(17) TYPE OF USER: Place an "X" in the appropriate box.
(16) JUSTIFICATION FOR ACCESS: A brief statement to justify establishment of an initial USERID. Provide appropriate information if the USERID or access to the current USERID is to be modified.
(17) SIGNATURE OF SUPERVISOR: The user's supervisor must sign the SAAR form to certify the user is authorized access to perform his/her job function.
(18) ORG/DEPT.: Supervisor's organization and department.
(19) PHONE NUMBER: Supervisor's phone number.
(20) DATE: The date the supervisor signs the SAAR form.
(21) SIGNATURE OF THE FUNCTIONAL DATA OWNER/OPR: Signature of the functional appointee responsible for approving access to the system being requested.
(22) ORG./DEPT.: Functional appointee's organization and department.
(23) PHONE NUMBER: Functional appointee's phone number.
(24) DATE: The date the functional appointee signs the SAAR form.
(25) PHONE NUMBER: Functional appointee's phone number.
(26) DATE: The date the functional appointee signs the SAAR form.

D. PART IV: The following information is provided by the AIS Security Staff who adds the user to the system.

(27) USERID *(Mainframe)*: User's mainframe USERID *(if applicable).*
(28) USERID *(Mid-Tier)*: User's mid-tier USERID *(if applicable).*
(29) USERID *(Network)*: Users network USERID *(if applicable).*
(30) SIGNATURE: Signature of the Information System Security Officer (ISSO) or his representative.
(31) PHONE NUMBER (DSN): The ISSO's Defense Switching Network (DSN) phone number.
(32) DATE: The date the ISSO signs the SAAR form.

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

(33) ACCESS REQUIRED: Specify all resources to which access is required and the type of access required, i.e., read-only, write
(34) OPTIONAL USE: This section is intended to add site specific information, as required.

F. 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 handled as such.

FILING: Original SAAR, with ORIGINAL SIGNATURES IN Parts I, II, and III, must be maintained or file on file for one year after termination of user's account. File may be maintained by the DMC or by the Customer's ISSO. Recommend file be maintained by ISSO adding the user to the system.

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

Reset Form

PRIVACY ACT STATEMENT

Public Law 99-474, the Counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorizes collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your "System Authorization Access Request (SAAR)". Disclosure of records or the information contained therein may be specifically disclosed outside the DoD according to the "Blanket Routine Uses" set forth at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act.

TYPE OF REQUEST ☐ INITIAL ☐ MODIFICATION ☐ DELETION	DATE

PART I *(To be completed by User)*

1. NAME *(LAST, First, MI)*		2. SOCIAL SECURITY NUMBER
3. ORGANIZATION	4. OFFICE SYMBOL/DEPARTMENT	5. ACCOUNT CODE
6. JOB TITLE/FUNCTION	7. GRADE/RANK	8. PHONE *(DSN)*

STATEMENT OF ACCOUNTABILITY

I understand my obligation to protect my password. I assume the responsibility for data and system I am granted access to. I will not exceed my authorized access.

USER SIGNATURE	DATE

PART II *(To be completed by User's Security Manager)*

9. CLEARANCE LEVEL	10. TYPE OF INVESTIGATION	11. DATE OF INVESTIGATION
12. VERIFIED BY (Signature)	13. PHONE NUMBER	14. DATE

PART III *(To be completed by User's Supervisor)*

15. ACCESS REQUIRED *(Location) - i.e DMC or DMC's*

16. ACCESS TO CLASSIFIED REQUIRED? ☐ NO ☐ YES	17. TYPE OF USER ☐ FUNCTIONAL ☐ SYSTEM	☐ SECURITY ADMINISTRATOR ☐ APPLICATION DEVELOPER ☐ OTHER *(Specify)*

18. JUSTIFICATION FOR ACCESS

VERIFICATION OF NEED TO KNOW

I certify that this user requires access as requested in the performance of his/her job function.

19. SIGNATURE OF SUPERVISOR	20. ORG./DEPT.	21. PHONE NUMBER	22. DATE
23. SIGNATURE OF FUNCTIONAL DATA OWNER/OPR	24. ORG./DEPT.	25. PHONE NUMBER	26. DATE

PART IV *(To be completed by AIS Security Staff adding user)*

27. USERID *(Mainframe)*	28. USERID *(Mid-Tier)*	29. USERID *(Network)*

30. SIGNATURE	31. PHONE NUMBER	32. DATE

PART V *(Can be customized by DISA or Customer with DISA approval (Optional)* *(To be completed by User)*	
3. ACCESS REQUESTED (Site specific system or application information)	
a. SYSTEMS(S)	b. DOMAIN(S)
c. SERVER(S)	
d. APPLICATION(S)	
e. DIRECTORIES	
f. FILES	
g. DATASETS	
34. OPTIONAL USE	