

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

OMB No. 0704-0630
OMB approval expires:
20250531

The public reporting burden for this collection of information, 0704-0630, is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 99-474, the Computer Fraud and Abuse Act

PRINCIPAL PURPOSE(S): 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 USE(S): 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

INITIAL

USER ID

DATE (YYYYMMDD)

20240317

SYSTEM NAME (Platform or Applications)

ONE-Net

LOCATION (Physical Location of System)

Region: Far East; Base: Yokosuka; BLDG# 39B

PART I (To be completed by Requester)

1. NAME (Last, First, Middle Initial)

Dalcour, Christopher

2. ORGANIZATION

U.S. SEVENTH FLEET (COMSEVENTHFLT)

3. OFFICE SYMBOL/DEPARTMENT

C7F/N6

4. PHONE (DSN or Commercial)

315-241-9018

5. OFFICIAL E-MAIL ADDRESS

6. JOB TITLE AND GRADE/RANK

PO1, USN

7. OFFICIAL MAILING ADDRESS

COMSEVENTHFLT
UNIT 200225 BOX 1 FPO, AP 96602

8. CITIZENSHIP

 US
 FN
 OTHER

9. DESIGNATION OF PERSON

 MILITARY
 CIVILIAN
 CONTRACTOR

10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.)

 I have completed the Annual Cyber Awareness Training. DATE (YYYYMMDD) 20231031

11. USER SIGNATURE

DALCOUR.CHRISTOPHER.BENJAMI

 Digitally signed by DALCOUR.CHRISTOPHER.BENJAMI
 Date: 2024.03.17 21:01:05 -08'00'

12. DATE (YYYYMMDD)

20240317

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.)

13. JUSTIFICATION FOR ACCESS

Required for U.S. SEVENTH Fleet operational duties and responsibilities.

Are you a Reservist?: NO

NATO Security Brief Date (REQUIRED FOR CLASSIFIED ACCESS REQUESTS): 31 OCT 2023

Derivative Classification Date (REQUIRED FOR CLASSIFIED ACCESS REQUESTS): 31 OCT 2023

14. TYPE OF ACCESS REQUESTED

 AUTHORIZED
 PRIVILEGED
15. USER REQUIRES ACCESS TO: UNCLASSIFIED CLASSIFIED (Specify category) SIPRNET OTHER

16. VERIFICATION OF NEED TO KNOW

 I certify that this user requires access as requested.

16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 21 if needed.)

17. SUPERVISOR'S NAME (Print Name)

IT1 Hitchcock, Shawn

17a. SUPERVISOR'S EMAIL ADDRESS

shawn.k.hitchcock.mil@c7f.navy.mil

17b. PHONE NUMBER

315-241-9017

17c. SUPERVISOR'S ORGANIZATION/DEPARTMENT

C7F/N6

17d. SUPERVISOR SIGNATURE

 HITCHCOCK.SHAWN.KOLBY
 Digitally signed by HITCHCOCK.SHAWN.KOLBY
 Date: 2024.03.18 05:08:15 Z

17e. DATE (YYYYMMDD)

20240317

18. INFORMATION OWNER/OPR PHONE NUMBER

315-241-9018

18a. INFORMATION OWNER/OPR SIGNATURE

 Digitally signed by BANKS.AUSTIN.MICHAEL
 Date: 2024.03.18 05:35:51 Z

18b. DATE (YYYYMMDD)

20240318

19. ISSO ORGANIZATION/DEPARTMENT

C7F/N6

19b. ISSO OR APPOINTEE SIGNATURE

 BANKS.AUSTIN.MICHAEL
 Digitally signed by BANKS.AUSTIN.MICHAEL
 Date: 2024.03.18 05:36:05 Z

19c. DATE (YYYYMMDD)

20240318

19a. PHONE NUMBER (315) 241-9018

EL

20. NAME (Last, First, Middle Initial)
Dalcour, Christopher
21. OPTIONAL INFORMATION

PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION

22. TYPE OF INVESTIGATION	22a. INVESTIGATION DATE (YYYYMMDD)		
SBPR (CE ENROLLED)	20180226		
22b. CONTINUOUS EVALUATION (CE) ENROLLMENT DATE (YYYYMMDD)	22c. ACCESS LEVEL		
20210114	TS/SCI		
23. VERIFIED BY (Printed Name)	24. PHONE NUMBER	25. SECURITY MANAGER SIGNATURE	26. VERIFICATION DATE (YYYYMMDD)
DAO, TAI M.	315-241-9046	DAO.TAI.MINH <small>Digitally signed by DAO.TAI.MINH Date: 2024.03.18 14:29:25 +09'00'</small>	20240318

PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION

TITLE:	SYSTEM	ACCOUNT CODE
	DOMAIN	
	SERVER	
	APPLICATION	
	FILES	
	DATASETS	
DATE PROCESSED (YYYYMMDD)	PROCESSED BY (Print name and sign)	
	DATE (YYYYMMDD)	
DATE REVALIDATED (YYYYMMDD)	REVALIDATED BY (Print name and sign)	
	DATE (YYYYMMDD)	

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 "CTR" 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 (Service Member (SM), Government Employee (GOV), Contractor (CTR))** (Military, Civilian, Contractor).
- (10) **IA Training and Awareness Certification Requirements.** User must declare the Annual Cyber Awareness Training and 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 their name to indicate that the above information has been verified and that access is required.
- (17a) **E-mail Address.** Supervisor's e-mail address.
- (17b) **Phone Number.** Supervisor's telephone number.
- (17c) **Supervisor's Organization/Department.** Supervisor's organization and department.
- (17d) **Supervisor's Signature.** Supervisor's signature is required by the endorser's representative.
- (17e) **Date.** Date the supervisor signs the form.

(18) **Phone Number.** Functional appointee telephone number.

(18a) **Signature of Information Owner/Office of Primary Responsibility (OPR).** Signature of the Information Owner or functional appointee of the office responsible for approving access to the system being requested.

(18b) **Date.** The date the functional appointee signs the DD Form 2875.

(19) **Organization/Department.** ISSO's organization and department.

(19a) **Phone Number.** ISSO's telephone number.

(19b) **Signature of Information Systems Security Officer (ISSO) or Appointee.** Signature of the ISSO or Appointee of the office responsible for approving access to the system being requested.

(19c) **Date.** The date the ISSO or Appointee signs the DD Form 2875.

(21) **Optional Information.** This item is intended to add additional information, as required.

C. PART III: Verification of Background or Clearance.

(22) **Type of Investigation.** The user's last type of background investigation (i.e., Tier 3, Tier 5, etc.).

(22a) **Investigation Date.** Date of last investigation.

(22b) **Continuous Evaluation Enrollment Date.** Date of CE enrollment. Leave blank if user is not enrolled in CE.

(22c) **Access Level.** The access level granted to the user by the sponsoring agency/service (i.e. Secret, Top Secret, etc.). Access level refers to the access determination made on the basis of the user's individual need for access to classified information to perform official duties; a determination separate from the user's eligibility determination.

(23) **Verified By.** The Security Manager or representative prints name to indicate that the above clearance and investigation information has been verified.

(24) **Phone Number.** Security Manager's telephone number.

(25) **Security Manager Signature.** The Security Manager or designated representative indicates that the above clearance and investigation information has been verified.

(26) **Verification Date.** Date the Security Manager performed the background investigation and clearance information verification.

D. PART IV: This information is site specific and existing blocks can be used to collect account-specific information. 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 **CONTROLLED UNCLASSIFIED INFORMATION** 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 ISSO. Recommend file be maintained by ISSO adding the user to the system.