

REQUEST FOR DSO PRODUCTS OR SYSTEM ACCESS

Fill Parts 1 - 4 Using Adobe Acrobat READER

PART 1 REQUESTOR INFORMATION

* Last Name		* First Name		Middle Initial	Suffix
* Employment Contractor US Military US Government		Grade / Rank	Job Title		
Department Name		* Organization / Agency Name		Office Symbol	
Street Address					
Street Address (continued)					
City		State	Postal Code	Country (if outside U.S.)	
* NIPRNET E-mail Address			* SIPRNET E-mail Address		
* Commercial Phone Number	DSN Phone Number		Fax Number	Cell Phone Number	
Secure Voice Number	Secure Fax Number		* Cage Code	* ALL Citizenships or Passports Held	
* DKO / AKO (NIPR) User Account Name			* DKO-S / AKO-S (SIPR) User Account Name		

PART 2 REQUESTED SYSTEMS / PRODUCTS

* Names of All DSO Products & Systems Requested (please also include ALL JSC products you currently receive / use)

System Access Requested Classified Unclassified		Account Privileges Requested Read Privileges Write Privileges Administrator Privileges			
* I Have Completed Annual Information Assurance Awareness (IAA) Training					* IAA Training Date:
If you are requesting SPECTRUM XXI software, and it is not available at your location, please check this box. Your SXXI account will not be created until you inform the SXXI Help Desk (COM 410.293.7994, DSN 312.281.7994) that SXXI software is installed.					
* SXXI Training Location		* SXXI Training Date		* SXXIO Training Location	
				* SXXIO Training Date	

STATEMENT OF ACCOUNTABILITY

** Digital Signature of Requestor*

- I will access DSO resources only from platforms meeting DISA security requirements.
- I understand DISA policies and procedures regarding classified data and systems.
- I will submit another SAR within 30 days if any of the above information changes or my account is no longer required.
- All information on this form is accurate to the best of my knowledge.

PART 3 APPROVAL BY REQUESTOR'S GOVERNMENT SPONSOR / MANAGER

* Sponsor / Manager Last Name		* Sponsor / Manager First Name		Middle Initial	Suffix
Sponsor / Manager Job Title		Grade / Rank	* Commercial Phone Number	DSN Phone Number	
* Sponsor / Manager NIPRNET E-mail Address			Sponsor / Manager SIPRNET E-mail Address		
If Requestor is a Contractor:	* Requestor's Contract Number		* Requestor's Contract Expiration Date		
* Justification for granting requestor access to JSC products/services					
* I Certify the Requestor Requires Access As Requested			<i>Digital Signature of Sponsor / Manager (Use Acrobat READER)</i>		

PART 4 CLEARANCE VERIFICATION BY REQUESTOR'S SECURITY MANAGER

* Security Manager Last Name		* Security Manager First Name		Middle Initial	Suffix
* Security Manager Commercial Phone Number			Security Manager DSN Phone Number		
* Security Manager NIPRNET E-mail Address			Security Manager SIPRNET E-mail Address		
Type of Investigation	Date of Investigation	* Clearance Level	<i>Digital Signature of Security Manager (Use Acrobat READER)</i>		
IT Level Designation Level I Level II Level III					

PART 5 ACCOUNT PROCESSING BY DSO

		<i>Digital Signature of Information Assurance Officer</i>	
<i>System Name</i>	<i>Signature of Information Owner</i>	<i>Signature of Individual Creating Account</i>	<i>User Account Name</i> NIPR (U) SIPR (S)
<i>System Name</i>	<i>Signature of Information Owner</i>	<i>Signature of Individual Creating Account</i>	<i>User Account Name</i> NIPR (U) SIPR (S)
<i>System Name</i>	<i>Signature of Information Owner</i>	<i>Signature of Individual Creating Account</i>	<i>User Account Name</i> NIPR (U) SIPR (S)
<i>System Name</i>	<i>Signature of Information Owner</i>	<i>Signature of Individual Creating Account</i>	<i>User Account Name</i> NIPR (U) SIPR (S)
<i>System Name</i>	<i>Signature of Information Owner</i>	<i>Signature of Individual Creating Account</i>	<i>User Account Name</i> NIPR (U) SIPR (S)

Additional Notes (e-mail to: disa.annapolis.dso.mbx.spectrum-ops-support-center@mail.mil)

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