

**INDUSTRIAL SECURITY FACILITIES DATABASE
SYSTEM ACCESS REQUEST (SAR)**

Phone: 888.282.7682

OMB No. Pending
OMB approval expires
XXXXXXXXXXXXXXXXXX

PRIVACY ACT ADVISEMENT:

AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.
PRINCIPAL PURPOSE: To record names and signatures for the purpose of validating 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: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to the Department of Justice for the purposes of representing the DoD in pending or potential litigation to which the record is pertinent; to the Merit Systems Protection Board for the purpose of litigation or investigation of alleged or possible prohibited personnel practices; to a Federal agency when conducting an investigation or inquiry for security or audit reasons; or the General Services Administration in connection with its responsibilities for records management.
DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information will impede, delay, or prevent further processing of this request.

1. TYPE OF USER: DoD (Military or Civilian) DoD Contractor Non-DoD NISP Non-DoD

2. TYPE OF REQUEST: Name Change (Last, First, Middle): Email Address Change:
 Create an Account From: _____
 Delete an Account To: _____

3. USER INFORMATION (Must fill in completely; please type)

Last Name: _____ First Name: _____ Middle Name: _____
Job Title/Rank/Grade: _____
Organization Name: _____ Office Symbol: _____
CAGE Code (NISP Contractor Only): _____
Business/Duty Station Address (street, city, state, zip code): _____
Telephone Number: _____ Fax Number: _____
e-Mail Address: _____

4. INDUSTRIAL SECURITY FACILITIES DATABASE APPLICATION

USER'S CERTIFICATION:

I hereby certify that I understand that by signing this System Access Request, I am solely responsible for the use and protection of the user ID and password that I will be provided. I also understand that I am not authorized to share my user ID and password with any other individuals. I will utilize all tools and applications in accordance with all applicable U.S. laws and DoD regulations.

User's Printed Name

User's Signature / Date

5. NOMINATING OFFICIAL APPROVAL / ADDITIONAL SAR DIRECTIVES

- The SAR must be signed by the Nominating Official and the User or it will not be processed.
- Refer to page 2 of this form for additional SAR submission procedures.
- SARs requiring DSS processing/approval should be submitted to the DSS Knowledge Center via fax number 571.305.6015, e-mail address dss.quantico.dss-hq.mbx.account-request@mail.mil, or mailing address Defense Security Service OCIO – Knowledge Center, 27130 Telegraph Road Quantico, VA 22134. Please allow at least three (3) business days for the SAR to be processed by the DSS Knowledge Center. Notification of access will be sent to the User's e-mail address. To ensure receipt of the access notification e-mail, add dss.quantico.dss-hq.mbx.knowledge-center@mail.mil to your e-mail contacts list.
- The completed SAR must be maintained by the account manager for a minimum of six (6) months after the account is deleted.

Notes:

1. Nominating Official may be the Facility Security Officer, KMP, Security Manager, Information Systems Security Officer, Agency Administrator, etc. In most cases, the Nominating Official MUST be other than the User
2. Validating Official is either a representative of the DSS Knowledge Center; or, if the SAR is staying within the organization, the appropriate security official. For non-DoD government agency requests, non-DoD government agency security officials must complete this section.

Printed Name of Nominating Official

Signature of Nominating Official / Date

**INDUSTRIAL SECURITY FACILITIES DATABASE
SYSTEM ACCESS REQUEST (SAR) INSTRUCTIONS**

SECTION	TITLE	INSTRUCTIONS
1	TYPE OF USER	Check the appropriate box for DoD (e.g., Military Branches, DoD Agencies), DoD Contractor Companies, Non-DoD NISP Partners and Non-DoD affiliated.
2	TYPE OF REQUEST	Check the appropriate box indicating purpose for the SAR.
3	USER INFORMATION	Must completely fill in. If no middle name, enter NMN. Ensure e-mail address is accurate; account access credentials are transmitted via e-mail.
4	USER'S CERTIFICATION	User must sign, acknowledging DoD/system policy.
5	NOMINATING OFFICIAL'S APPROVAL	Provided to facilitate successful processing of the SAR.