REQUEST FOR DSO PRODUCTS OR SYSTEM ACCESS
Fill Parts 1 - 5 Using Adobe Acrobat READER

PART 1 REQUESTOR INFORMATION

* Last Name	* First Name	Middle Initial	Suffix

* Employment	Grade / Rank	Job Title
Contractor US Military US Government		

Department Name	* Organization / Agency Name	Office Symbol

* Duty Station / Work Location

Street Address

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	* ALL Citizenships Currently Held

PART 2 REQUESTED SYSTEMS / PRODUCTS

* I am requesting access to the following DSO products:

* I currently have access to the following DSO products (enter N/A if none):

System Access Requested	Account Privileges Requested
Classified Unclassified	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

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	Digital Signature of Sponsor / Manager (Use Acrobat READER)

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	* Digital Signature of Security Manager (Use Acrobat READER)

IT Level Designation
Level I   Level II   Level III

PART 5 VERIFICATION BY REQUESTOR'S INFORMATION ASSURANCE MANAGER

I Certify the Requestor Meets All Cybersecurity Access and Training Requirements	Digital Signature of Requestor's Information Assurance Officer

PART 6 ACCOUNT PROCESSING BY DSO

System Name	Signature of Information Owner	Signature of Individual Creating Account	User Account Name NIPR (U) SIPR (S)
System Name	Signature of Information Owner	Signature of Individual Creating Account	User Account Name NIPR (U) SIPR (S)
System Name	Signature of Information Owner	Signature of Individual Creating Account	User Account Name NIPR (U) SIPR (S)
System Name	Signature of Information Owner	Signature of Individual Creating Account	User Account Name NIPR (U) SIPR (S)
System Name	Signature of Information Owner	Signature of Individual Creating Account	User Account Name NIPR (U) SIPR (S)

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