

ACCESS TO CAREER WAYPOINTS

As of 13FEB2014, the Career Waypoints (C-WAY) Program Office will only utilize SAAR-N (OPNAV FORM 5239/14) for authorization to create/modify any type of C-WAY account. The NAVPERS FORM 5239/8 (C-WAY SAAR ADDENDUM) will no longer be accepted. Users requiring new access will be required to submit a SAAR-N (OPNAV FORM 5239/14). SAAR-N (OPNAV FORM 5239/14) must be digitally signed and emailed to the Career Waypoints Program Office (listed below). Faxes are no longer accepted. Sailors are encouraged to download this form from the Career Waypoints website or from the NPC Career Waypoints webpage (listed below) due to the fact that many fields are prefilled.

With our latest update to Career Waypoints in MAY2016 for PKI compliance, accounts are automatically linked to your CAC via your digital signature on the SAAR-N. Login ID and passwords are no longer issued when creating an account. Also, upon initial login from a CAC enabled computer with your CAC inserted, you will be prompted to enter and confirm your SSN. Counselors will no longer be able to issue temporary accounts. If a temporary account is needed, please email Career Waypoints Program Office to create the account.

If your SAAR-N is rejected, you cannot manually type in or write in any information in blocks 11, 14, or 14a. Those blocks must be filled in prior to digital signature.

If you have any questions about the new change to the SAAR process, contact the C-Way help desk.

Telephone: 901-874-2102
Email: career_waypoints@navy.mil

INSTRUCTIONS FOR COMPLETING SAAR-N OPNAVFORM 5239/14

The following information is provided to assist with correctly completing this form:

1. "Type of Request". If you've never had access, check "Initial". If you are modifying current access, mark "User ID" and fill in your user ID in the block.
2. "Date". Fill in today's date in DDMMYYYY.
3. "System Name". Fill in "Career Waypoints".
4. "Location". Fill in "SPAWAR, NOLA".

***** PART I BY BLOCK *****

1. "Name". Fill in your Last Name, First Name, and Middle Initial.
2. "Organization". Fill in the name of your command (i.e. USS Carl Vinson or CVN 70).
3. "Office Symbol/Department". Fill in the department in which you work (e.g. CCC, or DEPT CC for Deck Div, etc.).
4. "Phone". Fill in your DSN and Commercial phone number. If you don't have DSN, leave DSN blank.
5. "Official E-Mail Address". Fill in your ".mil" email address.
6. "Job Title and Grade/Rank". Fill in your Job Title (i.e. CCC or DEPT CC) and your rate/rank (i.e. NC1, AE2, etc.).
7. "Official Mailing Address". Not required.

- 8. "Citizen". Check the appropriate box as it pertains to you (i.e. US means US citizen).
- 9. "Designation of Person". Check the appropriate box as it pertains to you (i.e. Check "Military" if you are military).
- 10. "Information Assurance (IA) Awareness Training Requirements". Check the box and fill in the "Date" with the date you completed Information Assurance training in DDMMYYYY format (2015's training is available).




***** PART II BY BLOCK *****

- 11. "Justification for Access". Type in "Type Access Required", then type in the appropriate type of access you require. Refer to Block 11 for examples. Then type in "Requested UICs" and fill in the UICs for which you require access. If you are simply adding an additional UIC, type in "Keep existing UICs and add NXXXXX". If you are changing UIC access, type in "Delete UIC NXXXXX and add NXXXXX." This block must be filled in prior to the SAAR-N being digitally signed by anyone, including the Sailor requesting access.
- 12. "Type of Access Required". Check "Authorized".
 - 12a. Not required.
- 13. "User Requires Access to". Check "Unclassified".
- 14. "Verification of Need to Know". Check box.
 - 14a. "Access Expiration Date". Fill in your current PRD in MMMYYYY format.
- 15. "Supervisor's Organization/Department". Fill in your CCC for DEPT CC access. Must be rated NC. Must be CMDCM, XO, or CO for CCC access.
 - 15a. "Supervisor's E-Mail Address". Fill in the email for the supervisor referred to in #15 & 16.
 - 15b. "Phone Number". Supervisor's phone number.
- 16. "Supervisor's Name". Fill in name of CCC, CMDCM, XO, or CO referred to in #15 including rate/rank.
 - 16a. "Supervisor's Signature". Have supervisor digitally sign this block. MUST be digitally signed or application will be rejected.
 - 16b. "Date". Fill in date supervisor signed in DDMMYYYYY format.
- 17 thru 17b. Not applicable. Leave Blank.
- 18. "Signature of IAM or Appointee". Fill in the name of the Information Assurance Manager (IAM) at your command including rate/rank.
- 19. "Organization/Department". Fill in "IAM" if it is the IAM, etc.
- 20. "Phone Number". Fill in the IAM's phone number.
- 21. "Date". Fill in the date the IAM digitally signed the SAAR-N.
- 23. "Name". Fill in Sailor requesting access' name in Last Name, First Name, Middle Initial order.
- 24. "User Signature". Sailor requesting access' digital signature required. Form MUST be digitally signed or it will be rejected.
- 25. "Date Signed". Date the Sailor requesting access digitally signed in DDMMYYYYY format.

***** PART III BY BLOCK *****

- 26. "Type of Investigation". Fill in the type of security clearance investigation was performed for the Sailor requesting C-WAY access.
 - 26a. "Date of Investigation". Fill in the date the security clearance investigation was performed in DDMMYYYYY format.
 - 26b. "Clearance Level". Fill in the Sailor requesting C-WAY access' clearance level (i.e. Secret).
 - 26c. "IT Level Designation". Check the appropriate box.
- 27. "Verified by". Fill in the IAM or Security Manager's name including rate/rank.
- 28. "Security Manager Phone Number". Fill in the phone number for the Security Manager / IAM.
- 29. "Security Manager Signature". Security Manager/IAM must digitally sign the SAAR-N. Form MUST be digitally signed or it will be rejected.
- 30. "Date". Fill in the date that the Security Manager/IAM digitally signed the SAAR-N Form.

31 - 33b. Not applicable.

SYSTEM AUTHORIZATION ACCESS REQUEST NAVY (SAAR-N)			
PRIVACY ACT STATEMENT			
AUTHORITY: Executive Order 10450, Public Law 99-474, the Computer Fraud and Abuse Act; and System of Records Notice: NM0500-2 Program Management and Locator System. PRINCIPAL PURPOSE: To record user identification for the purpose of verifying the identities of individuals requesting access to Department of Defense (DOD) systems and information. ROUTINE USES: The collection of data is used by Navy Personnel Supervisors/Managers, Administration Office, Security Managers, Information Assurance Managers, and System Administration with a need to know. 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: <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE <input checked="" type="checkbox"/> USER ID LASTFM			DATE (DDMMYYYY): 01APR2014
SYSTEM NAME (Platform or Application): CAREER WAYPOINTS		LOCATION (Physical Location of System): SPAWAR, NOLA	
PART I (To be completed by Requester)			
1. NAME (Last, First, Middle Initial): LAST, FIRST MI		2. ORGANIZATION: USS YOUR COMMAND	
3. OFFICE SYMBOL/DEPARTMENT: CCC (OR DEPT CC)		4. PHONE (DSN and Commercial): DSN: _____ COM: _____	
5. OFFICIAL E-MAIL ADDRESS: FIRST.LAST@NAVY.MIL		6. JOB TITLE AND GRADE/RANK: CCC (OR DEPT CC) / RATE/RANK	
7. OFFICIAL MAILING ADDRESS: _____		8. CITIZENSHIP: <input checked="" type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> LN <input type="checkbox"/> Other _____	
9. DESIGNATION OF PERSON <input checked="" type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR			
10. INFORMATION ASSURANCE (IA) AWARENESS TRAINING REQUIREMENTS (Complete as required for user or functional level access): <input checked="" type="checkbox"/> I have completed Annual IA Awareness Training. DATE (DDMMYYYY): _____			
PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If an individual is a contractor - provide company name, contract number, and date of contract expiration in Block 14a).			
11. JUSTIFICATION FOR ACCESS: TYPE ACCESS REQUESTED: **TYPE IN ONE OF THE FOLLOWING OPTIONS HERE: CMC, CCC, DEPT CC, ISIC, READ-ONLY (FOR DETAILERS ONLY)** REQUESTED UICs: **LIST ALL UIC FOR WHICH YOU REQUIRE ACCESS HERE. IF THERE IS NOT ENOUGH ROOM HERE, WRITE "SEE ATTACHED EXCEL" AND PROVIDE US WITH AN EXCEL SPREADSHEET LISTING THE UICS.			
12. TYPE OF ACCESS REQUIRED: <input checked="" type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED		12a. If Block 12 is checked "Privileged", user must sign a Privileged Access Agreement Form. DATE SIGNED (DDMMYYYY): _____	
13. USER REQUIRES ACCESS TO: <input checked="" type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED (Specify Category): _____ <input type="checkbox"/> OTHER: _____			
14. VERIFICATION OF NEED TO KNOW: I certify that this user requires access as requested. <input checked="" type="checkbox"/>		14a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date): THIS DATE IS YOUR CURRENT PRD. DATE REQUIRED!!!	
15. SUPERVISOR'S ORGANIZATION/DEPARTMENT: MUST BE CCC, CO, XO, OR CMDCM		15a. SUPERVISOR'S E-MAIL ADDRESS: FIRST.LAST@NAVY.MIL	15b. PHONE NUMBER: _____
16. SUPERVISOR'S NAME (Print Name): INCLUDE RATE/RANK		16a. SUPERVISOR'S SIGNATURE 	16b. DATE (DDMMYYYY): _____
17. SIGNATURE OF INFORMATION OWNER/OPR: 		17a. PHONE NUMBER: N/A	17b. DATE (DDMMYYYY): N/A
18. SIGNATURE OF IAM OR APPOINTEE: 	19. ORGANIZATION/DEPARTMENT: _____	20. PHONE NUMBER: _____	21. DATE (DDMMYYYY): _____

E-MAIL SUBMIT		FOR OFFICIAL USE ONLY WHEN FILLED	
(Block 22 Cont)			
<p>I further understand that, when using Navy IT resources, I shall not:</p> <ul style="list-style-type: none"> - Auto-forward any e-mail from a Navy account to commercial e-mail account (e.g., .com). - Bypass, stress, or test IA or Computer Network Defense (CND) mechanisms (e.g., Firewalls, Content Filters, Proxy Servers, Anti-Virus Programs). - Introduce or use unauthorized software, firmware, or hardware on any Navy IT resource. - Relocate or change equipment or the network connectivity of equipment without authorization from the Local IA Authority (i.e., person responsible for the overall implementation of IA at the command level). - Use personally owned hardware, software, shareware, or public domain software without written authorization from the Local IA Authority. - Upload/download executable files (e.g., .exe, .com, .vbs, or .bat) onto Navy IT resources without the written approval of the Local IA Authority. - Participate in or contribute to any activity resulting in a disruption or denial of service. - Write, code, compile, store, transmit, transfer, or Introduce malicious software, programs, or code. - Use Navy IT resources in a way that would reflect adversely on the Navy. Such uses include pornography, chain letters, unofficial advertising, soliciting or selling except on authorized bulletin boards established for such use, violation of statute or regulation, inappropriately handled classified information and PII, and other uses that are incompatible with public service. - Place data onto Navy IT resources possessing insufficient security controls to protect that data at the required classification (e.g., Secret onto Unclassified). 			
23. NAME (Last, First, Middle Initial): LAST, FIRST MI		24. USER SIGNATURE: 	25. DATE SIGNED (DDMMYYYY):
PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION			
26. TYPE OF INVESTIGATION: FILL THIS BLOCK IN BASED ON SAILOR'S CLEARANCE		26a. DATE OF INVESTIGATION (DDMMYYYY): DATE OF INVESTIGATION	
26b. CLEARANCE LEVEL: FILL IN CLEARANCE LEVEL (E.G. "SECRET")		26c. IT LEVEL DESIGNATION <input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input type="checkbox"/> LEVEL III	
27. VERIFIED BY (Print name): SECURITY MANAGER'S NAME	28. SECURITY MANAGER TELEPHONE NUMBER: 	29. SECURITY MANAGER SIGNATURE: 	30. DATE (DDMMYYYY):
PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION			
31. TITLE: N/A	31a. SYSTEM: N/A	31b. ACCOUNT CODE: N/A	
N/A	31c. DOMAIN: 	N/A	
N/A	<p>In order to gain access to C-WAY, the minimum security clearance standard must be a favorably adjudicated NACLIC during the requestor's career.</p>		
N/A			
N/A			
N/A	31h. DATASETS: N/A	N/A	
N/A	31f. DIRECTORIES: N/A	N/A	
N/A	31g. FILES: N/A	N/A	
32. DATE PROCESSED (DDMMYYYY): N/A	32a. PROCESSED BY: N/A	32b. DATE (DDMMYYYY): N/A	
33. DATE REVALIDATED (DDMMYYYY): N/A	33a. REVALIDATED BY: N/A	33b. DATE (DDMMYYYY): N/A	