

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 Contractor US Military US Government	Grade / Rank	Job Title	
Department / Agency Name	* Organization / Unit Name	Office Symbol	
* Duty Station / Work Location		* Military Branch Name	
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	Cell Phone 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 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 Support Center at (COM 410.293.4357 or DSN 312.281.4357) that SXXI software is installed.			
* SXXI Training Location	* SXXI Training Date	* <i>Digital Signature of Requestor</i>	
STATEMENT OF ACCOUNTABILITY <ul style="list-style-type: none"> 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 an updated request form to the Support Center within 30 calendar days if my name and/or work location change. I will submit updated contact information to the Support Center within 30 calendar days. I will notify the Support Center when my account(s) 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 DSO 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 VERIFICATION BY REQUESTOR'S INFORMATION ASSURANCE MANAGER

I Certify the Requestor Meets All Cybersecurity Access and Training Requirements	<i>Digital Signature of Requestor's Information Assurance Officer</i>
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PART 6 ACCOUNT PROCESSING BY DSO

<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)
<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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