

# USAAC INFORMATION SYSTEM ACCESS REQUEST

(For use of this form see USAAC Reg 380-XX to be published)

## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC 552a(e)(3)(A) and 40 USC 1441.

**PRINCIPAL PURPOSE:** Used to identify, verify, and authorize automated information systems (AIS) users and assign user identification codes required to access USAAC host systems.

**ROUTINE USES:** To assign user ID code(s) and add user ID for access to USAAC host system(s).

**DISCLOSURE:** Voluntary; however, failure to furnish requested information will result in denial of user ID issuance and access to the USAAC host system.

TYPE OF REQUEST  INITIAL  MODIFICATION  DELETION

### PART I (To be completed by User)

1. NAME

a. Last  b. First  c. Middle  d. Generation

2. SOCIAL SECURITY NUMBER  3. GRADE/RANK  4. PHONE (DSN or Comm)  5. OFFICE SYMBOL/DEPARTMENT  6. RSID

7. JOB TITLE/FUNCTION  8. AKA E-MAIL ADDRESS

9. COMMAND OR ORGANIZATION  10. BRIGADE OR DIRECTORATE  11. BATTALION OR DIVISION  12. COMPANY OR BRANCH

13. DATE OF BIRTH (dd/mm/yyyy)  14. PLACE OF BIRTH  
a. CITY  b. COUNTY  c. STATE  d. COUNTRY  15. US CITIZEN  Yes  No

I have read and understand the USAAC Information Systems Security Briefing for Users, Supervisors, and Managers of Automated Information Systems.

16. USER SIGNATURE  17. DATE (dd/mm/yyyy)

### PART II (To be completed by User's Supervisor)

18a. ACCESS REQUIRED  USAAC-NET  E-MAIL  
 .MIL PORTAL  PKI  ARISS  
 COGNOS  CCIMS  TSACS  
 COML ISP  HRAP  UAN w/INTERNET  
 OTHER: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

18b. IF ARISS ACCESS REQUIRED, INCLUDE APPLICANT TYPE, MODULE, AND MODULE ROLE AS LISTED IN BIGSUR.  
APPLICANT TYPE: \_\_\_\_\_  
 FAZR ROLE: \_\_\_\_\_  
 LEADS ROLE: \_\_\_\_\_  
 MPA ROLE: \_\_\_\_\_  
 PER ROLE: \_\_\_\_\_

19. ACCESS TO CLASSIFIED REQUIRED?  NO  YES

20. TYPE OF USER  FUNCTIONAL  APPLICATION DEVELOPER  
 IAM/IASO  OTHER: \_\_\_\_\_  
 SYSTEM ADMIN  MIRROR: \_\_\_\_\_

21. JUSTIFICATION FOR ACCESS  22. JOB TDA PARA AND LINE NO.

### VERIFICATION OF NEED TO KNOW

I certify that this user requires access as requested in the performance of his or her job function.

23a. SUPERVISOR NAME (Last, First, MI)  23b. PHONE NUMBER

23c. SIGNATURE OF SUPERVISOR  23d. DATE (dd/mm/yyyy)

### PART III (To be completed by User's Security Manager)

24. CLEARANCE LEVEL  25. TYPE OF INVESTIGATION  26. DATE OF INVESTIGATION (dd/mm/yyyy)  27. CHECK BOX IF NO RECORD OF INVESTIGATION ON FILE

28a. SECURITY MANAGER'S NAME (Last, First, MI)  28b. PHONE NUMBER

28c. SECURITY MANAGER'S SIGNATURE  28d. DATE (dd/mm/yyyy)

1. NAME			2. SOCIAL SECURITY NUMBER
a. Last	b. First	c. Middle	

**PART IV (To be completed by AIS Security Officer)**

29a. IAM/IASO (Last, First, MI)	29b. PHONE NUMBER (DSN or Comm)
29c. IAM/IASO SIGNATURE	29d. DATE (dd/mm/yyyy)

**PART V (User ID Acknowledgment)**

30. I understand that I am responsible for the password(s) protection, will not divulge them to any unauthorized person, and will comply with the instructions provided me. I further understand that I should report to an appropriate information security officer any security problem I may encounter in the system's use or any misuse by other persons.

a. Host AIS	b. User ID	c. User Signature (signifies having read paragraph 30 above)	d. Date (dd/mm/yyyy)
a. Host AIS	b. User ID	c. User Signature (signifies having read paragraph 30 above)	d. Date (dd/mm/yyyy)
a. Host AIS	b. User ID	c. User Signature (signifies having read paragraph 30 above)	d. Date (dd/mm/yyyy)
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31a. I acknowledge that I downloaded my token(s) and personally assigned its/their password(s) and that I have read and understand DD Form 2842 (Department of Defense (DOD) Public Key Infrastructure (PKI) Certificate of Acceptance and Acknowledgment of Responsibilities).

31b. PKI DISKETTE SERIAL NUMBER	31c. USER SIGNATURE (Signifies having read paragraph 31a)	31d. DATE (dd/mm/yyyy)
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32. REMARKS