

OneSAF IDE Account Request

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.
PRINCIPAL PURPOSE: To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of 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: None.
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 type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE	
SYSTEM NAME OneSAF IDE	LOCATION <i>(Physical Location of System)</i> IDE Facility

PART I *(To be completed by Requestor)*

1. NAME <i>(Last, First, Middle Initial)</i>	2. ORGANIZATION	
3. OFFICE SYMBOL/DEPARTMENT	4. PHONE <i>(Commercial / DSN)</i>	
5. OFFICIAL E-MAIL ADDRESS	6. SERVICE REQUESTED	
7. OFFICIAL MAILING ADDRESS	8. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER	9. DESIGNATION OF PERSON <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR
	10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS <input type="checkbox"/> I have completed Annual Information Awareness Training. DATE (YYYYMMDD)	
11. USER SIGNATURE		12. DATE (YYYYMMDD)

PART II - ENDORSMENT OF ACCESS BY GOVERNMENT SPONSOR OR SUPERVISOR *(If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)*

13. JUSTIFICATION FOR ACCESS
16. ACCESS EXPIRATION DATE <i>(Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)</i>

17. SPONSOR NAME <i>(Print Name)</i>	18. SPONSOR SIGNATURE	19. DATE (YYYYMMDD)
20. SPONSOR ORGANIZATION/DEPARTMENT	20a. SPONSOR E-MAIL ADDRESS	20b. PHONE NUMBER

PART III – ACCOUNT APPROVAL *(To be completed by OneSAF Program Government Personnel)*

21. SIGNATURE OF INFORMATION OWNER/OPR	21a. PHONE NUMBER	21b. DATE (YYYYMMDD)
22. SIGNATURE OF IASO OR APPOINTEE	22a. PHONE NUMBER	22b. DATE (YYYYMMDD)

NAME (Last, First, Middle Initial)

27. OPTIONAL INFORMATION (Additional information)

PART IV – IDE FACILITY VALIDATION OF CLEARANCE INFORMATION

29. VERIFIED BY (Print name)	30. SECURITY MANAGER TELEPHONE NUMBER	31. SECURITY MANAGER SIGNATURE	32. DATE (YYYYMMDD)
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PART V – COMPLETION BY ONESAF IDE IT STAFF

	SYSTEM	ACCOUNT TYPE
DATE PROCESSED (YYYYMMDD)	PROCESSED BY (Print name and sign)	DATE (YYYYMMDD)
DATE REVALIDATED (YYYYMMDD)	REVALIDATED BY (Print name and sign)	DATE (YYYYMMDD)
DATE REVALIDATED (YYYYMMDD)	REVALIDATED BY (Print name and sign)	DATE (YYYYMMDD)

INSTRUCTIONS

This form is for requesting a OneSAF IDE account. External users (only viewing access to OneSAF IDE websites) need only submit this form. Internal users (access to the full range of OneSAF IDE network services) will submit this form and a signed OneSAF IDE Acceptable Use Policy. The request should be digitally signed with a CAC card. The completed material is sent to the OneSAF Program via email to usarmy.orlando.peo-stri.list.OneSAF-IT@army.mil.

A. PART I: The following information is provided by the user when establishing or modifying their account.

- (1) Name. The last name, first name, and middle initial of the user.
- (2) Organization. The user's current organization (i.e., DISA, SDI, DoD and government agency or commercial firm).
- (3) Office Symbol/Department. The office symbol, if any, within the current organization (i.e., SDI).
- (4) Telephone Number/DSN. The commercial and Defense Switching Network (DSN) phone number of the user (if available).
- (5) Official E-mail Address. The user's official e-mail address, i.e., the DoD Enterprise email address for the user.
- (6) Service Requested:
- (7) Enter "OneSAF IDE Web Access" - if the request is only for viewing access to OneSAF IDE websites (i.e., the development site and Jira tool) as an external user.
- (8) Enter "OneSAF IDE Internal User" - if the request is for access to the full range of OneSAF IDE network services.
- (7) Official Mailing Address. The user's official mailing address.
- (8) Citizenship (US, Foreign National, or Other).
- (9) Designation of Person (Military, Civilian, Contractor).
- (10) IA Training and Awareness Certification Requirements. User must indicate if he/she has completed Annual Information Awareness Training (e.g. DoD Cyber Awareness Training) and the date.
- (11) User's Signature. User must sign the form with the understanding that they are responsible and accountable for access to the system.
- (12) Date. The date that the user signs the form.

B. PART II: Endorsement on the need for an account. This section is completed by the requestor's Government supervisor for a Government employee or the Government sponsor for a contractor. Both are referred to as "Sponsor" in this document.

- (13) Justification for Access. A brief statement is required to justify establishment of an initial account. Provide appropriate information if the account or access to the current account is modified.
- (16) Expiration Date for Access. The user must specify company name, contract number, and expiration date of the contract.
- (17) Sponsor Name (Print Name). The sponsor prints his/her name to indicate that the above information has been verified and that access is required.
- (18) Sponsor Signature. Sponsor's signature is required by the endorser or his/her representative.
- (19) Date. Date sponsor signs the form.
- (20) Sponsor's Organization/Department. Sponsor's organization and department.
- (20a) E-mail Address. Sponsor's e-mail address.
- (20b) Phone Number. Sponsor's telephone number.

C. PART III: Approval to create or modify the user account. This section is completed by the OneSAF Program Government personnel to indicate approval to create or modify the user account.

- (21) Signature of Information Owner/OPR. Signature of the person responsible for approving access to the system.
- (21a) Phone Number. Telephone number of approver.
- (21b) Date. The date the approver signs the form.
- (22) Signature of Information Assurance Security Officer (IASO) or Appointee. Signature of the IAO or Appointee of the office responsible for approving access to the system being requested.
- (22a) Phone Number. IASO telephone number.
- (22b) Date. The date IASO signs the form.
- (27) Optional Information. This item is intended to add additional information, as required.

D. PART IV: IDE Facility Validation of Clearance Information. IDE Facility confirms clearance level is appropriate for the level of access requested.

- (29) Verified By. The Security Manager or representative prints his/her name to indicate that the user has the appropriate clearance.
- (30) Security Manager Telephone Number. The telephone number of the Security Manager or his/her representative.
- (31) Security Manager Signature. The Security Manager or his/her representative indicates that the above clearance and investigation information has been verified.
- (32) Date. The date that the form was signed by the Security Manager or his/her representative.

E. PART V: This information to be completed by OneSAF IDE IT personnel.

F. DISPOSITION OF FORM:

TRANSMISSION: Form may be electronically transmitted via email.

FILING: Account request is maintained on file by the OneSAF IDE for the period specified in the account management policy.