DD FORM 2875 - SYSTEM AUTHORIZATION	ACCESS REQUEST (SAAR)	"RED" Fields are Mandatory			
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	USER ID		DATE			
SYSTEM NAME (Application Platforms) TC-AIMS II		LOCATION	١			
PART I (To be completed by Requestor 1. NAME (Last, First, Middle Initial)	2. ORGANIZATION					
3. OFFICE SYMBOL/DEPARTMENT	4. PHONE (DSN and/or Comme	rcial)				
5. OFFICIAL E-MAIL ADDRESS	6. JOB TITLE AND GRADE/RAM	NK				
7. OFFICIAL MAILING ADDRESS	8. CITIZENSHIP		9. DESIGNATION OF PERSON			
10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMEN	ITS (Complete as required for user COMPLETION DATE (,			
11. USER DIGITAL SIGNATURE (or UAM digital signature for ACTIVAT)			12. DATE (YYYYMMDD)			
PART II - ENDORSEMENT OF ACCESS BY UAM (OR USER'S SUP						
(If user is a contractor - please provide Company Name, Contract Number and Date of Contract Expiration in Block 15.) 13. JUSTIFICATION FOR ACCESS (FOR UAM OR SUPERVISOR USE ONLY - REQUIRED FOR ALL INITIAL AND MODIFICATION REQUESTS)						
I certify that this user requires access as requested.	. ACCESS EXPIRATION DATE (II	nclude Cont	ractor Name and Contract Number)			
16. ACCESS REQUEST INFORMATION ADD - ACCESS Unit Name: Assigned UIC: PreferenceUICs: Preference Jobs: Choosing a Preference Job that begins with double asterisks (**), will require additional approval from AMIS.	Responsibl	e UIC:				
Primary Job Role(s):			DODAAC (Required for Jobs: 40, 45, 46 47, 51, 53, 54)			



17. ACCESS REQUEST INFORMATION								
PART II - ENDORSEMENT OF ACCESS BY USER'S SUPERVISOR OR UAM (<u>CONT</u> .)								
18. SUPERVISOR OR UAM NAME 19. SUPE		19. SUPERVIS	SOR OR UAM E-MAIL ADDRESS	20. PHONE NUMBER				
21. SUPERVISOR OR UAM ORG/DEPT 22. SUPE		22. SUPERVIS	OR OR UAM DIGITAL SIGNATURE	23. DATE (YYYYMMDD)				
		1						
PART III - SECURITY MANAGER VALIDATION OF BACKGROUND INVESTIGATION AND CLEARANCE INFORMATION								
24. TYPE OF INVESTIGATION			25. DATE OF INVESTIGATION (YYYYMMDD)					
26. CLEARANCE LEVEL		27. IT LEVEL DESIGNATION						
28. VERIFIED BY (Print name)	29. SECURITY MANAGER PHONE NUMBER		30. SECURITY MANAGER DIGITAL 31. DATE (YYYYMMDD) SIGNATURE					
			SIGNATURE					
PART IV - COMPLETION OF REQUEST REVIEW AND ACCOUNT CREATION								
32. INFORMATION OWNER DIGITAL SIGNATURE (AMIS) 33. PHONE NUMBER 34. DATE (YYYYMMDD)								
35. ACCOUNT PROCESSOR DIGITAL SIGNATURE (ASD)		36. PHONE NUMBER	37. DATE (YYYYMMDD)					



AMIS - DD FORM 2875 INSTRUCTIONS

Always use the <TAB> key to advance to the next field

		1	
	UEST DETAIL:	(21)	<u>Supervisor or UAM Org/Dept</u> . Organization or Department of the UAM or Supervisor.
<u>Type of Request</u> . Account request selection. Choose either: •Initial - New account creation (User). •Modification - To make changes to an existing account (User or UAM).		(22)	Supervisor or UAM Digital Signature. The UAM or Supervisor must click in the field to enact a digital signature from their CAC card.
•De	eletion - Removing an account from the system (UAM). eactivate - Temporary deactivate an account (Call ASD).	(23)	Date. The date that the UAM or Supervisor signs the form.
	ctivate - Reactivate a previously deactivated account (Call ASD).	PART	III: Security Manager's Certification of Clearance. After the Security
	ID. Unique, system generated user identifier.	Manag	ger completes the investigation and signs PART III, the form is
Date	of Request. Date request was initiated.	forwar	ded to the AMIS Service Desk (ASD).
<u>Syst</u>	em Name. Application platform to be initiated.	(24)	Type of Investigation. The user's last background investigation.
Loca	tion. Physical location of the computer to be used with the software.	(25)	Date of Investigation. Date of last investigation.
PART	I: The following information is to be provided by the user when	(26)	Clearance Level. The user's current security clearance level.
estab	lishing or modifying their account. After completing PART I, the user	(27)	IT Level Designation. The user's IT designation (Level I, II, or III).
shoul	d then provide the form to the UAM.	(28)	<u>Verified By</u> . The Security Manager or representative prints their name to indicate that the above clearance and investigation
(1)	Name. The last name, first name, and middle initial of the user.		information has been verified.
(2)	<u>Organization</u> . The user's current organization (e.g. DISA, SDI, DOD, government agency, or commercial firm name).	(29)	Security Manager Telephone Number. The telephone number of the Security Manager or his/her representative.
(3)	<u>Office Symbol/Department</u> . The office symbol within the current organization (e.g. SDI).	(30)	Security Manager Signature. The Security Manager or their representative indicates that the above clearance and investigation
(4)	<u>Telephone Number/DSN</u> . The commercial or the Defense Switching		information has been verified.
(5)	Network (DSN) phone number of the user. Official E-mail Address. The user's official e-mail address.	(31)	<u>Date</u> . The date that the form was signed by the Security Manager or his/her representative.
(6)	Job Title/Grade/Rank. The civilian job title, military rank or "CONT" if user is a contractor.		IV: Sign-off and completion of request by authorized staffs (request tance by the AMIS staff and account creation by the ASD staff).
(7)	Official Mailing Address. The user's official mailing address.	(32)	Information Owner Digital Signature (AMIS). AMIS representative
(8)	Citizenship. US, Foreign National, or Other.	(0_)	must click in the field to enact a digital signature from their CAC.
(9)	Designation of Person. Military, Civilian, or Contractor.	(33)	Phone Number. Phone number of AMIS representative.
(10)	IA Training and Awareness Certification Requirements. User must indicate they've completed Information Awareness Training date.	(34)	Date. The date the form was signed by the AMIS representative.
(11)	<u>User's Signature</u> . User must click in the field to enact a digital signature from their CAC card.	(35)	Account Processor Digital Signature (ASD). ASD representative must click in the field to enact a digital signature from their CAC.
(12)	Date. The date that the user signs the form.	(36)	Phone Number. Phone number of the ASD representative.
	II. The information below requires the endergement of the ment	(37)	<u>Date</u> . The date that the form was signed by the ASD representative.
	II: The information below requires the endorsement of the user's or government sponsor. After completing PART II, the UAM should		DD FORM 2875 – DISPOSITION AND FAQs
	rd the Form to the Security Manager.		test Initiation: For Initial requests, REQUEST DETAIL and PART I of form is filled out and digitally signed by the user requesting access.
(13)	Justification for Access. A brief statement is required to justify	For A	Activation, Deactivation and Delete requests, the UAM will fill out
、-/	establishment of an initial USER ID. Can also be used to explain the		ons of REQUEST DETAIL and PART I of this form. Modification ests can be initiated by the user, or by the UAM. Either the user or
(4.0)	purpose of the request.		fills out portions of REQUEST DETAIL and PART I on this form.
(14)	<u>Verification of Need to Know</u> . To verify that the user requires access as requested.	Howe	ever, only the UAM can make the necessary modifications to PART II.
(15)	<u>Access Expiration Date</u> . The user must specify expiration date if less than 1 year.	form	each user digitally signs of this form, they will be forced to save the using a different name (e.g. Form2875-UserName.pdf).
(16)	Access Request Information. Used to add access for new accounts		Routing Paths: After initiating a request, the DD Form 2875 should warded by e-mailed, to the next entity required to digitally sign and/or
(10)	or to modify existing accounts.	proce	ss the form. For INITIAL requests, the form typically passes from the
	• <u>Unit Name</u> : the user's assigned UIC name		esting user to the User Account Manager (UAM), then from the UAM
	Assigned UIC: the user's Assigned Unit ID in the CoC Responsible UIC: the most senior parent UIC in the CoC for the		curity Management (JPAS), from JPAS back to the UAM, then from JAM to the AMIS Service Desk (ASD). For other requests (e.g.
	user is used as the Responsible Unit ID	Activa	ation, Deactivation and Delete), forms are typically e-mailed directly
	Preference UICs: subordinate units to the user's Responsible UIC		the requestor (UAM) to the ASD. <u>NOTE</u> : All e-mails containing Pil be encrypted.
	 <u>Preference Jobs</u>: define the level of access or capability granted to the user within different categories of the TC-AIMS II 		
	applications. You must have approval from AMIS before choosing	ine A	MIS Service Desk (ASD) telephone number and e-mail address are: 1 (800) 877-7925
	Preference Jobs that begin with double asterisks (**). Use the Job Details Lookup button to view each Job definition in detail.		
	• <u>DODDAC</u> : DODDAC entry required for Job IDs 40, 53 and 54.		usarmy.belvoir.peo-eis.mbx.amis-service-desk@mail.mil
	 Primary Job Role(s): User's functional job responsibilities. 		<u>Retention and Dormant Account Policies</u> : All digitally signed DD 2875s received by ASD are kept on file for one year following
(17)	Name. Repeat data entry of requesting user's name.	termi	nation of the user's account. The Dormant Account Policy states that:
` '	Supervisor or UAM Name. Name of the user's UAM or Supervisor.	 If a user's account has been inactive for 90 days, an email notice will be sent to the user instructing them to log into their account, or the 	
(19)	<u>Supervisor or UAM E-mail Address</u> . E-mail address of the user's UAM or Supervisor.	a	ccount will be deactivated at 120 days.
(20)	<u>Telephone Number</u> . The commercial or the Defense Switching		t 120 days, if still no activity, the account will be deactivated. ccounts not reactivated after 180 days, will be deleted. The user must
(/	Network (DSN) phone number of the user's UAM or Supervisor.		en submit a new DD Form 2875, to have a new account established.

then submit a new DD Form 2875, to have a new account established.