

SYSTEM AUTHORIZATION REQUEST NAVY (SAAR-N) INSTRUCTIONS FOR BOL/ADMITS ACCESS

- Below are the instructions that are by the NPC IAM to complete the OPNAV 5239/14 SAAR-N. Although there is not a block for the SSN and DOB, they are needed to create a BOL/ADMITS account.
- The requestor can either send the information in an encrypted e-mail or if that is not possible, use the AMRDEC (Army) Safe. The website for it is <https://safe.amrdec.army.mil>.
- The requestor may already know this, but the SAAR has to be electronically completed and submitted in that form. Sometimes we will receive a SAAR that has been scanned, but we can't accept it because the IAM can only verify the signatures when it is in the original electronic form

TYPE OF REQUEST:

The appropriate box should be checked.

User ID- full SSN (Can be left blank until final submission to BOL/ADMITS)

SYSTEM NAME:

Enter application required (BOL/ADMITS)

LOCATION:

Millington, TN

PART I

1. NAME- Last, First, Middle Initial
2. ORGANIZATION- Command Name/UIC (Unit Identification Code)
3. OFFICE SYMBOL/DEPARTMENT
4. PHONE- DSN/COM
5. Official E MAIL ADDRESS- Military E mail address
6. JOB TITLE AND GRADE/RANK-
 - Job title enter from the following options
 - ADCO
 - DAPA
 - UPC
 - SACO
 - SARP
 - CMC/SEL (Senior Enlisted Leader)
 - CO/OIC
 - DAR Approver (Must include Letter of By-Direction)
 - Grade/Rank
 - Enlisted and Officers
 - E1-E9/Rate
 - O1-O9/Grade
 - Civilian/Contractor
 - GS 1-15
 - Civ
7. OFFICIAL MAILING ADDRESS-
8. CITIZENSHIP-N/A
9. DESIGNATION OF PERSON- Select appropriate box
10. INFORMATION ASSURANCE (IA) AWARENESS TRAINING REQUIREMENT
 - Check Box
 - Date Completed

PART II

11. JUSTIFICATION FOR ACCESS:
 - I request ADMITS access to preform my duty as (DAPA, UPC, SARP Provider, Ect.)

Include Primary UIC and all Other UIC's (if applicable)

12. TYPE OF ACCESS:

Select "Authorized"

13. USER REQUIRES ACCESS TO:

Select "Unclassified"

14. VERIFICATION OF NEED TO KNOW:

Select "box"

14a. ACCESS EXPIRATION DATE:

Military

MM/YYYY

PRD is expiration date

Civilian

MM/YYYY

5 years from the date of request

15. SUPERVISOR'S ORGANIZATION/DEPARTMENT:

Command Name

15a. SUPERVISOR'S E MAIL ADDRESS:

CO/OIC Military e mail Address

15b. PHONE NUMBER

CO/OIC Phone Number

16. SUPERVISOR'S NAME (Print Name):

CO/OIC Name

16a. SUPERVISOR'S SIGNATURE:

CO/OIC signature (digital or actual)

16b. DATE:

DD/MMM/YYYY

17-21 Command IAM (Information Assurance Manager) or the CO/OIC

PART III

23. NAME (Last, First, Middle Initial):

Same as Block 1

24. USER'S SIGNATURE:

Digital or Actual

25. DATE SIGNED

DD/MMM/YYYY

26-33. All blocks must be completed by the command's Security Manager

- Send completed form via digitally signed and encrypted e mail to:
[NPC IT Service Desk@navy.mil](mailto:NPC_IT_Service_Desk@navy.mil) , For BOL access
[MILL N17 ADMITS@navy.mil](mailto:MILL_N17_ADMITS@navy.mil), For ADMITS access
- Please contact ADMITS Support if you have any questions:
Com Phone: 901-874-4214
DSN Phone: 882-4214
Email: MILL_N17_ADMITS@navy.mil