

## **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 DOD SAFE via the following link, <https://safe.apps.mil/> . When accessing, use the Email certificate. When sending to us, please include Passcode and Decryption Passcode (if you assign for File download) in comments section of DOD SAFE.
- 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 perform my duty as (DAPA, UPC, SARP Provider, Etc.)  
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 when requesting ADMITS can sign as own for Supervisor)**  
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:  
[bupers07\\_it\\_eoc.fct@navy.mil](mailto:bupers07_it_eoc.fct@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](mailto:MILL_N17_ADMITS@navy.mil)