

# MyNavy Career Center (MNCC)

## Account Request/SAAR Process



May 2024

# DD Form 2875 (SAAR) STEP-BY-STEP

(All Blocks required except Blocks 18, 18a, 18b.)

Type of Request: (use dropdown) **INITIAL; MODIFICATION\*\*; DEACTIVATE**

USER ID: 10-Digit DOD ID (can be found on the back of our Common Access Card (CAC))

Date: **Date of request** (DDMMYY) (use dropdown to ensure proper format)

System Name: **Check with POC**

Location: **Check with POC**

## PART I. (To be completed by Requester)

**Block 1. NAME:** Last, First, MI (same as displayed on CAC)

**Block 2. ORGANIZATION:** Include Command's Name/UIC (i.e., USS Never Sail/55555)

**UIC – Should be requestor's UIC**

**Block 3 -8. Complete all blocks with requestor's information**

Note: **Block 5– Must provide an official/government email.**

**Block 9. DESIGNATION OF PERSON** (select only 1 (can explain other situations in Block 13))

Military - Provide PRD in Block 13

Civilians- Provide CAC Expiration in Block 13

Contractors– Provide CAC Expiration in Block 13 & Complete Block 16 a

**Block 10. INFORMATION ASSURANCE (IA) CYBER AWARENESS CHALLENGE TRAINING REQUIREMENTS**

'Check' box and provide the date of completion (YYYYMMDD) (must be in current Fiscal Year)

**Block 12.** Use dropdown to select today's date.

**Block 11.** Digitally sign using unaltered DODID/CAC Certificates.

## PART II. ENDORSEMENT OF ACCESS

Block 13. (extra space in Block 21.) **JUSTIFICATION FOR ACCESS** – Justification must be valid.

2) Pillar:

3) Subsystem:

4) Military\* - Provide Projected Rotation Date (PRD) - YYYYMM; if not applicable enter 'NA'

5) Civilians\* – Provide CAC expiration date; if not applicable enter 'NA'

6) Contractors\* – Provide CAC expiration date.

\* Specify if dual status: 'Reservist and Civilian' or 'Reservist and Contractor' or 'N/A'

\*\* To MODIFY an account – Select 'MODIFICATION' at the top of the form.

Justifications: Role Change; Unlock Account; Email Change (Place in Block 13/21)

7) Permission sets: (if applicable)

Block 14. TYPE OF ACCESS REQUIRED – Check **AUTHORIZED**

Block 15. USER REQUIRES ACCESS TO – Check **UNCLASSIFIED**

Block 16. VERIFICATION OF NEED TO KNOW: Supervisor validates and checks box, if not SAAR should not be forwarded. **\*\* If not checked, SAAR will be returned**

Block 16a. ACCESS EXPIRATION DATE – **REQUIRED for Contractors**: Specify company name, contract number, expiration date.

Block 17-17e. Supervisor's information must be complete – **ALL BLOCKS REQUIRED**  
**Do not personalize digital signature, it will result in return of SAAR.**

Note: Block 17a. – **Must provide a valid government issued email.**

Block 18 - 18b. **LEAVE BLANK/NOT REQUIRED**

Block 19 – 19c. **TO BE COMPLETED BY COMMAND IAM/ISSO (Do not personalize digital signature)**

Block 20 – Exactly the same as Block 1, automatically populated.

Block 21. – **Additional space for information required in Block 13. (leave blank if not required)**

### **PART III. SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION**

Block 22 - 26. **ALL BLOCKS REQUIRED (Do not personalize digital signature)**

Note: Block 26 should Auto-fill when signing block 25; **(but if not, enter same date as assigned in block 25 (digital signature)**

**NOTE: Date of Investigation must not exceed 6 years for Top Secret, 10 years for Secret and below. CE Date must be current within 10 years, if enrolled. If NOT, leave Block 22b blank.**

## Common SAAR errors requiring correction:

- Document not signed in correct order.
  - Must be signed by requestor, then supervisor, then security manager, then IAM
  - Do not personalize digital signature, it will result in return of SAAR.
- Blocks 18, 18a, 18b being completed, they must be blank.
- Dates not in proper format (use dropdown option) (YYYYMMDD)
- Date in Block 12 must match date in electronic signature (Block 11)
- Blocks 5 or 17a not containing an official email address.
- Block 10 IA/Cyber Awareness training not checked or not in current FY.
- All commercial phone number are not 10-digits ((xxx) xxx-xxxx format)
- Information Assurance Training not completed for current FY or missing.
- Blocks 8, 9, 10, 14, 15, and 16 not checked.
- Date in block 25 does not match date signed in block 24 (Block 25 should auto-fill when block 24 is signed – if not auto-filled, manually enter date; date should match signed date in block 24)
- Block 14a not completed by contractor or expiration date has expired.
- Block 16a not provided or incomplete from Contractors or contract expiration date in the past.
- Clearance investigation is outside the 10-year window
- Blocks 18, 19, 20, 21 missing
- Block 22a, Investigation Date outside 10-year window for Secret (6 for TS). Continuous Evaluation (CE) enrollment date not provided, if enrolled.
- Security section (Blocks 22-26) not properly filled out; security manager must refer to security systems to obtain proper information.

# ROUTING REQUEST

Use the following steps to ensure request is processed in a timely manner.  
Request **CANNOT** be processed if SAAR is incomplete/corrupted/signatures invalid.  
Please review carefully prior to submission.

## STEP 1. Requester and Supervisor

1. Complete all blocks to 17e
  - Leave Blocks 18-18b blank
  - Block 20 will autofill
2. Forward to Security Manager

## STEP 2. Command Security Manager

1. Complete Part III (Blocks 22 – 26)
2. Forward to Org/Dept ISSO/IAM

## STEP 3. Command IAM/ISSO

1. Complete blocks 19-19c
2. Return to member & supervisor

## STEP 4. Submit SAAR

1. Submit completed SAARs to designated POC.

**SAMPLE SAAR (Next Pages)**

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)		OMB No. 0704-0630 OMB approval expires: 20250531
<p>The public reporting burden for this collection of information, 0704-0630, is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at <a href="mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil">whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil</a>. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>		
<p><b>PRIVACY ACT STATEMENT</b></p> <p><b>AUTHORITY:</b> Executive Order 10450; and Public Law 99-474, the Computer Fraud and Abuse Act  <b>PRINCIPAL PURPOSE(S):</b> 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. <b>NOTE:</b> Records may be maintained in both electronic and/or paper form  <b>ROUTINE USE(S):</b> None.  <b>DISCLOSURE:</b> Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.</p>		
<p><b>TYPE OF REQUEST</b></p> <p>INITIAL <input type="checkbox"/> USER ID <input type="checkbox"/> **** DOD ID (from back of CAC) <input type="checkbox"/></p>		<p><b>DATE (YYYYMMDD)</b></p> <p>20240510</p>
<p><b>SYSTEM NAME (Platform or Applications)</b></p>		<p><b>LOCATION (Physical Location of System)</b></p>
<p><b>PART I (To be completed by Requester)</b></p>		
<p><b>1. NAME (Last, First, Middle Initial)</b> **** Fill in exactly as entered on your CAC</p>	<p><b>2. ORGANIZATION</b> ***Command's Name/UIC**</p>	
<p><b>3. OFFICE SYMBOL/DEPARTMENT</b> ****</p>	<p><b>4. PHONE (DSN or Commercial)</b> ****</p>	
<p><b>5. OFFICIAL E-MAIL ADDRESS</b> ****.mil@us.navy.mil</p>	<p><b>6. JOB TITLE AND GRADE/RANK</b> ****</p>	
<p><b>7. OFFICIAL MAILING ADDRESS</b> *****</p>	<p><b>8. CITIZENSHIP</b>  <input checked="" type="checkbox"/> US <input type="checkbox"/> FN  <input type="checkbox"/> OTHER</p>	<p><b>9. DESIGNATION OF PERSON</b>  <input checked="" type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN  <input type="checkbox"/> CONTRACTOR</p>
<p><b>10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.)</b>  <input checked="" type="checkbox"/> I have completed the Annual Cyber Awareness Training. <b>DATE (YYYYMMDD)</b> 20240508</p>		
<p><b>11. USER SIGNATURE</b> [Signature]</p>		<p><b>12. DATE (YYYYMMDD)</b> 20240510</p>
<p><b>PART II ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR</b> (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)</p>		
<p><b>13. JUSTIFICATION FOR ACCESS</b> Access is required to perform duties as</p>		
<p><b>14. TYPE OF ACCESS REQUESTED</b>  <input checked="" type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED</p>		
<p><b>15. USER REQUIRES ACCESS TO:</b> <input checked="" type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED (Specify category) _____  <input type="checkbox"/> OTHER _____</p>		
<p><b>16. VERIFICATION OF NEED TO KNOW</b>  <input checked="" type="checkbox"/> I certify that this user requires access as requested.</p>	<p><b>16. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 21 if needed.)</b></p>	
<p><b>17. SUPERVISOR'S NAME (Print Name)</b> ****</p>	<p><b>17a. SUPERVISOR'S EMAIL ADDRESS</b> ****.mil@us.navy.mil</p>	<p><b>17b. PHONE NUMBER</b> ****</p>
<p><b>17c. SUPERVISOR'S ORGANIZATION/DEPARTMENT</b> ****</p>	<p><b>17d. SUPERVISOR SIGNATURE</b> [Signature]</p>	<p><b>17e. DATE (YYYYMMDD)</b> 20240112</p>
<p><b>18. INFORMATION OWNER/OPR PHONE NUMBER</b></p>	<p><b>18a. INFORMATION OWNER/OPR SIGNATURE</b> [Signature]</p>	<p><b>18b. DATE (YYYYMMDD)</b></p>
<p><b>19. ISSO ORGANIZATION/DEPARTMENT</b></p>	<p><b>19b. ISSO OR APPOINTEE SIGNATURE</b> [Signature]</p>	<p><b>19c. DATE (YYYYMMDD)</b></p>
<p><b>19a. PHONE NUMBER</b></p>		



20. NAME (Last, First, Middle Initial)

21. OPTIONAL INFORMATION

PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION

22. TYPE OF INVESTIGATION 22a. INVESTIGATION DATE (YYYYMMDD)

22b. CONTINUOUS EVALUATION (CE) ENROLLMENT DATE (YYYYMMDD) 22c. ACCESS LEVEL

23. VERIFIED BY (Printed Name) 24. PHONE NUMBER 25. SECURITY MANAGER SIGNATURE 26. VERIFICATION DATE (YYYYMMDD)

PART IV - COMPLETION BY AUTHORIZED STAFF - DEPARTMENT ACCOUNT INFORMATION

TITLE:	SYSTEM	ACCOUNT CODE
	DOMAIN	
	SERVER	
	APPLICATION	
	FILES	
	DATASETS	

DATE PROCESSED (YYYYMMDD) PROCESSED BY (Print name and sign) DATE (YYYYMMDD)

DATE REVALIDATED (YYYYMMDD) REVALIDATED BY (Print name and sign) DATE (YYYYMMDD)



## INSTRUCTIONS

The prescribing document is as issued by using DoD Component.

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

- (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 within the current organization (i.e. SDI).
- (4) **Telephone Number/DSN.** The Defense Switching Network (DSN) phone number of the user. If DSN is unavailable, indicate commercial number.
- (5) **Official E-mail Address.** The user's official e-mail address.
- (6) **Job Title/Grade/Rank.** The civilian job title (Example: Systems Analyst, GS-14, Pay Clerk, GS-5)/military rank (COL, United States Army, CMSgt, USAF) or "CONT" if user is a contractor.
- (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 the Annual Cyber Awareness Training and the date.
- (11) **User's Signature.** User must sign the DD Form 2875 with the understanding that they are responsible and accountable for their password and access to the system(s).
- (12) **Date.** The date that the user signs the form.

**B. PART II:** The information below requires the endorsement from the user's Supervisor or the Government Sponsor.

- (13) **Justification for Access.** A brief statement is required to justify establishment of an initial USER ID. Provide appropriate information for the USER ID or access to the current USER ID is modified.
- (14) **Type of Access Required:** Place an "X" in the appropriate box. (Authorized - Individual with normal access. Privileged - Individual with privilege to amend or change system configuration, parameters, or settings.)
- (15) **User Requires Access To:** Place an "X" in the appropriate box to specify category.
- (16) **Verification of Need to Know.** To verify that the user requires access as requested.
- (16a) **Expiration Date for Access.** The user must specify expiration date if less than 1 year.
- (17) **Supervisor's Name (Print Name).** The supervisor or representative prints his/her name to indicate that the above information has been verified and that access is required.
- (17a) **E-mail Address.** Supervisor's e-mail address.
- (17b) **Phone Number.** Supervisor's telephone number.
- (17c) **Supervisor's Organization/Department.** Supervisor's organization and department.
- (17d) **Supervisor's Signature.** Supervisor's signature is required by the endorser or his/her representative.
- (17e) **Date.** Date the supervisor signs the form.

(18) **Phone Number.** Functional appointee telephone number.

(18a) **Signature of Information Owner/Office of Primary Responsibility (OPR).** Signature of the Information Owner or functional appointee of the office responsible for approving access to the system being requested.

(18b) **Date.** The date the functional appointee signs the DD Form 2875.

(19) **Organization/Department.** ISSO's organization and department.

(19a) **Phone Number.** ISSO's telephone number.

(19b) **Signature of Information Systems Security Officer (ISSO) or Appointee.** Signature of the ISSO or Appointee of the office responsible for approving access to the system being requested.

(19c) **Date.** The date the ISSO or Appointee signs the DD Form 2875.

(21) **Optional Information.** This form is intended to add additional information, as required.

**C. PART III:** Verification of Background and Clearance.

(22) **Type of Investigation.** The user's last type of background investigation (i.e. Tier 3, Tier 5, etc.).

(22a) **Investigation Date.** Date of last investigation.

(22b) **Continuous Evaluation (CE) Deferred Investigation.** Select yes/no to indicate whether or not the user is currently enrolled for "Deferred Investigation" in the Continuous Evaluation (CE) program.

(22c) **Continuous Evaluation Enrollment Date.** Date of CE enrollment. Leave blank if user is not enrolled in CE.

(22d) **Access Level.** The access level granted to the user by the sponsoring agency/service (i.e. Secret, Top Secret, etc.). Access level refers to the user's determination made on the basis of the user's individual need for access to classified information to perform official duties; a determination separate from the user's eligibility determination.

(23) **Verified By.** The Security Manager or representative prints his/her name to indicate that the above clearance and investigation information has been verified.

(24) **Phone Number.** Security Manager's telephone number.

(25) **Security Manager Signature.** The Security Manager or his/her representative indicates that the above clearance and investigation information has been verified.

(26) **Verification Date.** Date the Security Manager performed the background investigation and clearance information verification.

**D. PART IV:** This information is site specific and existing blocks can be used to collect account-specific information. This information will specifically identify the access required by the user.

### E. DISPOSITION OF FORM:

**TRANSMISSION:** Form may be electronically transmitted, faxed, or mailed. Adding a password to this form makes it a minimum of "CONTROLLED UNCLASSIFIED INFORMATION" and must be protected as such.

**FILING:** Original SAAR, with original signatures in Parts I, II, and III, must be maintained on file for one year after termination of user's account. File may be maintained by the DoD or by the Customer's ISSO. Recommend file be maintained by ISSO adding the user to the system.



