

**SYSTEM AUTHORIZATION ACCESS REQUEST NAVY (SAAR-N)****PRIVACY ACT STATEMENT**

AUTHORITY: Executive Order 10450, Public Law 99-474, the Computer Fraud and Abuse Act; and System of Records Notice: NM0500-2 Program Management and Locator System.

PRINCIPAL PURPOSE: To record user identification for the purpose of verifying the identities of individuals requesting access to Department of Defense (DOD) systems and information.

ROUTINE USES: The collection of data is used by Navy Personnel Supervisors/Managers, Administration Office, Security Managers, Information Assurance Managers, and System Administration with a need to know.

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 <input type="checkbox"/> USER ID _____		DATE (DDMMYYYY):	
SYSTEM NAME (Platform or Application):		LOCATION (Physical Location of System):	
<b>PART I (To be completed by Requester)</b>			
1. NAME (Last, First, Middle Initial):		2. ORGANIZATION:	
3. OFFICE SYMBOL/DEPARTMENT:		4. PHONE (DSN and Commercial): DSN: _____ COM: _____	
5. OFFICIAL E-MAIL ADDRESS:		6. JOB TITLE AND GRADE/RANK:	
7. OFFICIAL MAILING ADDRESS:		8. CITIZENSHIP: <input type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> LN <input type="checkbox"/> Other _____	
9. DESIGNATION OF PERSON <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR			
10. INFORMATION ASSURANCE (IA) AWARENESS TRAINING REQUIREMENTS (Complete as required for user or functional level access.): <input type="checkbox"/> I have completed Annual IA Awareness Training. DATE (DDMMYYYY): _____			
<b>PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR</b> (If an individual is a contractor - provide company name, contract number, and date of contract expiration in Block 14a).			
11. JUSTIFICATION FOR ACCESS:			
12. TYPE OF ACCESS REQUIRED: <input type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED		12a. If Block 12 is checked "Privileged", user must sign a Privileged Access Agreement Form. DATE SIGNED (DDMMYYYY): _____	
13. USER REQUIRES ACCESS TO: <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED (Specify Category): _____ <input type="checkbox"/> OTHER: _____			
14. VERIFICATION OF NEED TO KNOW: I certify that this user requires access as requested. <input type="checkbox"/>		14a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date):	
15. SUPERVISOR'S ORGANIZATION/DEPARTMENT:		15a. SUPERVISOR'S E-MAIL ADDRESS:	15b. PHONE NUMBER:
16. SUPERVISOR'S NAME (Print Name):		16a. SUPERVISOR'S SIGNATURE	16b. DATE (DDMMYYYY):
17. SIGNATURE OF INFORMATION OWNER/OPR:		17a. PHONE NUMBER:	17b. DATE (DDMMYYYY):
18. SIGNATURE OF IAM OR APPOINTEE:	19. ORGANIZATION/DEPARTMENT:	20. PHONE NUMBER:	21. DATE (DDMMYYYY):

**22. USER AGREEMENT - STANDARD MANDATORY NOTICE AND CONSENT PROVISION:**

By signing this document, you acknowledge and consent that when you access Department of Defense (DoD) information systems:

- You are accessing a U.S. Government (USG) information system (IS) (which includes any device attached to this information system) that is provided for U.S. Government-authorized use only.

- You consent to the following conditions:

The U.S. Government routinely intercepts and monitors communications on this information system for purposes including, but not limited to, penetration testing, communications security, (COMSEC) monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE) and counterintelligence (CI) investigations.

At any time, the U.S. Government may inspect and seize data stored on this information system.

Communications using, or data stored on, this information system are not private, are subject to routine monitoring, interception and search, and may be disclosed or used for any U.S. Government-authorized purpose.

This information system includes security measures (e.g., authentication and access controls) to protect U.S. Government interests--not for your personal benefit or privacy.

Notwithstanding the above, using an information system does not constitute consent to personnel misconduct, law enforcement, or counterintelligence investigative searching or monitoring of the content of privileged communications or data (including work product) that are related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Under these circumstances, such communications and work product are private and confidential, as further explained below:

- Nothing in this User Agreement shall be interpreted to limit the user's consent to, or in any other way restrict or affect, any U.S. Government actions for purposes of network administration, operation, protection, or defense, or for communications security. This includes all communications and data on an information system, regardless of any applicable privilege or confidentiality.
- The user consents to interception/capture and seizure of ALL communications and data for any authorized purpose (including personnel misconduct, law enforcement, or counterintelligence investigation). However, consent to interception/capture or seizure of communications and data is not consent to the use of privileged communications or data for personnel misconduct, law enforcement, or counterintelligence investigation against any party and does not negate any applicable privilege or confidentiality that otherwise applies.
- Whether any particular communication or data qualifies for the protection of a privilege, or is covered by a duty of confidentiality, is determined in accordance with established legal standards and DoD policy. Users are strongly encouraged to seek personal legal counsel on such matters prior to using an information system if the user intends to rely on the protections of a privilege or confidentiality.
- Users should take reasonable steps to identify such communications or data that the user asserts are protected by any such privilege or confidentiality. However, the user's identification or assertion of a privilege or confidentiality is not sufficient to create such protection where none exists under established legal standards and DoD policy.
- A user's failure to take reasonable steps to identify such communications or data as privileged or confidential does not waive the privilege or confidentiality if such protections otherwise exist under established legal standards and DoD policy. However, in such cases the U.S. Government is authorized to take reasonable actions to identify such communication or data as being subject to a privilege or confidentiality, and such actions do not negate any applicable privilege or confidentiality.
- These conditions preserve the confidentiality of the communication or data, and the legal protections regarding the use and disclosure of privileged information, and thus such communications and data are private and confidential. Further, the U.S. Government shall take all reasonable measures to protect the content of captured/seized privileged communications and data to ensure they are appropriately protected.

In cases when the user has consented to content searching or monitoring of communications or data for personnel misconduct, law enforcement, or counterintelligence investigative searching, (i.e., for all communications and data other than privileged communications or data that are related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants), the U.S. Government may, solely at its discretion and in accordance with DoD policy, elect to apply a privilege or other restriction on the U.S. Government's otherwise-authorized use or disclosure of such information.

All of the above conditions apply regardless of whether the access or use of an information system includes the display of a Notice and Consent Banner ("banner"). When a banner is used, the banner functions to remind the user of the conditions that are set forth in this User Agreement, regardless of whether the banner describes these conditions in full detail or provides a summary of such conditions, and regardless of whether the banner expressly references this User Agreement.

**USER RESPONSIBILITIES:**

**I understand that to ensure the confidentiality, integrity, availability, and security of Navy Information Technology (IT) resources and information, when using those resources, I shall:**

- Safeguard information and information systems from unauthorized or inadvertent modification, disclosure, destruction, or misuse.
- Protect Controlled Unclassified Information (CUI), to include Personally Identifiable Information (PII), and classified information to prevent unauthorized access, compromise, tampering, or exploitation of the information.
- Protect authenticators (e.g., Password and Personal Identification Numbers (PIN)) required for logon authentication at the same classification as the highest classification of the information accessed.
- Protect authentication tokens (e.g., Common Access Card (CAC), Alternate Logon Token (ALT), Personal Identity Verification (PIV), National Security Systems (NSS) tokens, etc.) at all times. Authentication tokens shall not be left unattended at any time unless properly secured.
- Virus-check all information, programs, and other files prior to uploading onto any Navy IT resource.
- Report all security incidents including PII breaches immediately in accordance with applicable procedures.
- Access only that data, control information, software, hardware, and firmware for which I am authorized access by the cognizant Department of the Navy (DON) Commanding Officer, and have a need-to-know, have the appropriate security clearance. Assume only those roles and privileges for which I am authorized.
- Observe all policies and procedures governing the secure operation and authorized use of a Navy information system.
- Digitally sign and encrypt e-mail in accordance with current policies.
- Employ sound operations security measures in accordance with DOD, DON, service and command directives.

(Block 22 Cont)

**I further understand that, when using Navy IT resources, I shall not:**

- Auto-forward any e-mail from a Navy account to commercial e-mail account (e.g., .com).
- Bypass, stress, or test IA or Computer Network Defense (CND) mechanisms (e.g., Firewalls, Content Filters, Proxy Servers, Anti-Virus Programs).
- Introduce or use unauthorized software, firmware, or hardware on any Navy IT resource.
- Relocate or change equipment or the network connectivity of equipment without authorization from the Local IA Authority (i.e., person responsible for the overall implementation of IA at the command level).
- Use personally owned hardware, software, shareware, or public domain software without written authorization from the Local IA Authority.
- Upload/download executable files (e.g., exe, .com, .vbs, or .bat) onto Navy IT resources without the written approval of the Local IA Authority.
- Participate in or contribute to any activity resulting in a disruption or denial of service.
- Write, code, compile, store, transmit, transfer, or introduce malicious software, programs, or code.
- Use Navy IT resources in a way that would reflect adversely on the Navy. Such uses include pornography, chain letters, unofficial advertising, soliciting or selling except on authorized bulletin boards established for such use, violation of statute or regulation, inappropriately handled classified information and PII, and other uses that are incompatible with public service.
- Place data onto Navy IT resources possessing insufficient security controls to protect that data at the required classification (e.g., Secret onto Unclassified).

23. <b>NAME (Last, First, Middle Initial):</b>	24. <b>USER SIGNATURE:</b>	25. <b>DATE SIGNED (DDMMYYYY):</b>
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**PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION**

26. TYPE OF INVESTIGATION:	26a. DATE OF INVESTIGATION (DDMMYYYY):		
26b. CLEARANCE LEVEL:	26c. IT LEVEL DESIGNATION <input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input type="checkbox"/> LEVEL III		
27. VERIFIED BY (Print name):	28. SECURITY MANAGER TELEPHONE NUMBER:	29. SECURITY MANAGER SIGNATURE:	30. DATE (DDMMYYYY):

**PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION**

31. TITLE:	31a. SYSTEM:	31b. ACCOUNT CODE:
	31c. DOMAIN:	
	31d. SERVER:	
	31e. APPLICATION:	
	31h. DATASETS:	
	31f. DIRECTORIES:	
	31g. FILES:	
32. DATE PROCESSED (DDMMYYYY):	32a. PROCESSED BY:	32b. DATE (DDMMYYYY):
33. DATE REVALIDATED (DDMMYYYY):	33a. REVALIDATED BY:	33b. DATE (DDMMYYYY):

## INSTRUCTIONS

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

- (1) Name. The last name, first name, and middle initial of the user.
- (2) Organization. The user's current organization (i.e., USS xx, 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) and commercial phone number of the user.
- (5) Official E-mail Address. The user's official e-mail address.
- (6) Job Title/Grade/Rank. The civilian job title (i.e., Systems Analyst YA-02, military rank (CAPT, United States Navy) or "CONT" if user is a contractor.
- (7) Official Mailing Address. The user's official mailing address.
- (8) Citizenship (United States (US), Foreign National (FN), Local National (LN), or Other). Identify appropriate citizenship in accordance with (IAW) SECNAV M-5510.30.
- (9) Designation of Person (Military, Civilian, Contractor).
- (10) IA Training and Awareness Certification Requirements. User must indicate if he/she has completed the Annual Information Awareness Training and the date of completion.

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

- (11) Justification for Access. A brief statement is required to justify establishment of an initial USER ID. Provide appropriate information if the USER ID or access to the current USER ID is modified.
- (12) Type of Access Required: Place an "X" in the appropriate box. (Authorized - Individual with normal access. Privileged - Those with privilege to amend or change system configuration, parameters or settings.)
- (12a) If Block 12 is Privileged, user must sign a Privilege Access Agreement form. Enter date of when Privilege Access Agreement (PAA) form was signed. Users can obtain a PAA form from the Information Assurance Manager (IAM) or Appointee.
- (13) User Requires Access To. Place an "X" in the appropriate box. Specify category.
- (14) Verification of Need to Know. To verify that the user requires access as requested.
- (14a) Expiration Date for Access. The user must specify expiration date if less than 1 year.
- (15) 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.
- (15a) Supervisor's Signature. Supervisor's signature is required by the endorser or his/her representative.
- (15b) Date. Date supervisor signs the form.
- (16) Supervisor's Organization/Department. Supervisor's organization and department.
- (16a) Official E-mail Address. Supervisor's e-mail address.
- (16b) Phone Number. Supervisor's telephone number.
- (17) Signature of Information Owner/OPR. Signature of the functional appointee responsible for approving access to the system being requested.
- (17a) Phone Number. Functional appointee telephone number.
- (17b) Date. The date the functional appointee signs the OPNAV 5239/14.

- (18) Signature of Information Assurance Manager (IAM) or Appointee. Signature of the IAM or Appointee of the office responsible for approving access to the system being requested.
- (19) Organization/Department. IAM's organization and department.
- (20) Phone Number. IAM's telephone number.
- (21) Date. The date the IAM signs the OPNAV 5239/14 form.
- (22) Standard Mandatory Notice and Consent Provision and User Responsibilities. These items are in accordance with DoD Memo dtd May 9, 2008 (Policy on Use of DoD Information Systems - Standard Consent Banner and User Agreement) and DON CIO message Technology Resources" DTG 161108Z JUL 05.
- (23) Name. The last name, first name, and middle initial of the user.
- (24) User Signature. User must sign the OPNAV 5239/14 with the understanding that they are responsible and accountable for their password and access to the system(s). User shall digitally sign form. Pen and ink signature is acceptable for users that do not have a Common Access Card (CAC) or the ability to digitally sign the form.
- (25) Date. Date signed.

**C. PART III:** Certification of Background Investigation or Clearance.

- (26) Type of Investigation. The user's last type of background investigation (i.e., National Agency Check (NAC), National Agency Check with Inquiries (NACI), or Single Scope Background Investigation (SSBI)).
- (26a) Date of Investigation. Date of last investigation.
- (26b) Clearance Level. The user's current security clearance level (Secret or Top Secret).
- (26c) Identify the user's IT designation level. If Block 12 is designated as "Authorized" then IT Level Designation is "Level III". If Block 12 is designated as "Privileged" then IT Level Designation is "Level I or II" based on SECNAV M-5510.30 dtd June 2006.
- (27) Verified By. The Security Manager or representative prints his/her name to indicate that the above clearance and investigation information has been verified.
- (28) Security Manager Telephone Number. The telephone number of the Security Manager or his/her representative.
- (29) Security Manager Signature. The Security Manager or his/her representative indicates that the above clearance and investigation information has been verified.
- (30) Date. The date that the form was signed by the Security Manager or his/her representative.

**D. PART IV:** This information is site specific and can be customized by either the functional activity or the customer with approval from OPNAV. This information will specifically identify the access required by the user.

(31 - 33b). Fill in appropriate information.

**E. DISPOSITION OF FORM:**

TRANSMISSION: Form may be electronically transmitted, faxed or mailed. If the completed form is transmitted electronically, the e-mail must be digitally signed and encrypted.

FILING: Form is purposed to use digital signatures. Digitally signed forms must be stored electronically to retain non-repudiation of electronic signature. If pen and ink signature must be applied, original signed form must be retained. Retention of this form shall be IAW SECNAV Manual M-5210.1, Records Management Manual. Form may be maintained by the Navy, the user's IAM, and/or Security Manager. Completed forms contain Personal Identifiable Information (PII) and must be protected as such.

**APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE***(Read Privacy Act Statement and Instructions before completing form.)***PRIVACY ACT STATEMENT****AUTHORITY:** E.O. 9397, 31 U.S.C. Sections 3325, 3528, DoDFMR, 7000.14-R, Vol. 5.**PRINCIPAL PURPOSE(S):** To maintain a record of appointment and termination of appointment of persons to any of the positions listed in Item 6, and to identify the duties associated with this appointment.SORN T1300 (<http://dpclo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6235/t1300.aspx>)**ROUTINE USE(S):** The information on this form may be disclosed as generally permitted under 5 U.S.C Section 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve Banks to verify authority of the appointed individuals to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published at: <http://dpclo.defense.gov/Privacy/SORNSIndex/BlanketRoutineUses.aspx>.**DISCLOSURE** Voluntary; however, failure to provide the requested information may preclude appointments.**SECTION I - APPOINTEE**

<b>1. NAME</b> <i>(First, Middle Initial, Last and Rank or Grade)</i>	<b>2. DoD ID NUMBER</b>	<b>3. TITLE</b>
<b>4. DOD COMPONENT/ORGANIZATION</b>		<b>5. ADDRESS</b> <i>(Include ZIP Code, email address, and telephone number with area code and DSN)</i>

**6. POSITION TO WHICH APPOINTED** *(X appropriate box - one only. Checking more than one invalidates the appointment.)*

<input type="checkbox"/> DISBURSING OFFICER: DSSN _____	<input type="checkbox"/> CASHIER	<input type="checkbox"/> CHANGE FUND CUSTODIAN
<input type="checkbox"/> DEPUTY DISBURSING OFFICER: DSSN _____	<input type="checkbox"/> PAYING AGENT	<input type="checkbox"/> IMPREST FUND CASHIER
<input type="checkbox"/> CERTIFYING OFFICER	<input type="checkbox"/> COLLECTIONS AGENT	<input type="checkbox"/> SAFEKEEPING CUSTODIAN
<input type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL	<input type="checkbox"/> DISBURSING AGENT	<input type="checkbox"/> ASSISTANT SAFEKEEPING CUSTODIAN

**7. YOU ARE APPOINTED TO SERVE IN THE POSITION IDENTIFIED IN ITEM 6. YOUR RESPONSIBILITIES INCLUDE:****8. REVIEW AND ADHERE TO THE FOLLOWING PUBLICATION(S) NEEDED TO ADEQUATELY PERFORM YOUR ASSIGNED DUTIES:****SECTION II - APPOINTING AUTHORITY**

<b>9. NAME</b> <i>(First, Middle Initial, Last)</i>	<b>10. TITLE</b>	<b>11. DOD COMPONENT/ORGANIZATION</b>
<b>12. DATE</b> <i>(YYYYMMDD)</i>	<b>13. SIGNATURE</b>	

**SECTION III - APPOINTEE ACKNOWLEDGEMENT**

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds or payment certification, as appropriate, under my control. I have been counseled on my pecuniary liability applicable to this appointment and have been given written operating instructions. I certify that my official signature is shown in item 16 below.

<b>14. PRINTED NAME</b> <i>(First, Middle Initial, Last)</i>	<b>15. DATE</b> <i>(YYYYMMDD) (Not earlier than date in Item 12 or 13)</i>
<b>16.a. DIGITAL SIGNATURE</b>	<b>16.b. MANUAL SIGNATURE</b>

**SECTION IV - APPOINTMENT TERMINATION**

The appointment of the individual named above is hereby revoked.	<b>17. DATE</b> <i>(YYYYMMDD)</i>	<b>18. APPOINTEE INITIALS</b>
<b>19. NAME OF APPOINTING AUTHORITY</b>	<b>20. TITLE</b>	<b>21. APPOINTING AUTHORITY SIGNATURE</b>

**INSTRUCTIONS FOR COMPLETING  
APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE**

Use this form to:

1. Appoint disbursing officers and their agents, e.g., deputy disbursing officers, disbursing agents, paying agents, cashiers, imprest fund cashiers, change fund custodians, and collection agents.
2. Appoint certifying officers. Certifying officers are those individuals, military or civilian, designated to attest to the correctness of statements, facts, accounts, and amounts appearing on a voucher for payment.
3. Appoint departmental officials. Departmental officials are those individuals, military or civilian, who are designated in writing and are not otherwise accountable under applicable law, who provide source information, data or service on which a certifying officer relies when certifying vouchers as correct and proper for payment.
4. Appoint safekeeping custodians or assistants. Appointees to these positions are not subject to pecuniary liability.
5. Governing guidance is in the Department of Defense Financial Management Regulation, Volume 5 (Disbursing Policy).

**SECTION I.**

1. Enter the Appointee's name and rank or grade.
2. Enter the Appointee's 10-digit DoD Identification Number.
3. Enter the Appointee's title.
4. - 5. Enter the name, complete address (to include e-mail address), and telephone number (include DSN when available) of the DoD Component or activity to which appointed.
6. Mark X in the appropriate box to indicate the duty the appointee will perform (select only one). If appointing a disbursing officer or deputy disbursing officer, enter the appropriate DSSN in the space provided.
7. The appointing authority identifies the types of payments affected, but need only be specific as he or she considers necessary, and may include any other pertinent, applicable information (e.g., system involved).
8. List all publications the Appointee must review and follow in order to adequately fulfill the requirements of the appointment.

**SECTION II.**

9. - 12. Enter the appointing authority's name, title, DoD Component/Organization location, and date signed.
13. The appointing authority must enter his or her manual or digital signature. If signature is digital, completing item 12 is not required since the digital signature includes the date; enter only after completion of items 1 through 11, as this signature will "lock" those items.

**SECTION III.**

14. - 16. The appointee enters his or her name and digital (16a) or manual (16b) signature, or both, depending on type(s) of signature(s) to be employed, in the appropriate spaces. If the signature is manual (16b), complete item 15, but if the signature is ONLY digital (16a), completing item 15 is not required since the digital signature includes the date. If the appointee enters both manual and digital signatures, the dates in items 15 and 16a must match. The date in item 15 (or 16a if signed digitally) cannot be earlier than the date in item 12 or 13. The appointment is effective on the date of acceptance by the appointee, and is not in force without his or her acknowledgement.

**SECTION IV.**

Completing this section terminates the original appointment. If partial authority is to be retained, complete a new DD Form 577.

17. Enter the date the termination is effective. Completion of this item is not required if item 21 is signed digitally, since the electronic signature includes the date.
18. The appointee initials in the space provided acknowledging revocation of the appointment.
19. - 21. The appointing authority enters his or her name, title and signature (which may be digital) in the spaces provided.