NOSC WEST COAST SIPR SAAR-N GUIDE

FOR NCTE VC WEST REDOP EXERCISE ACCOUNT REQUESTS
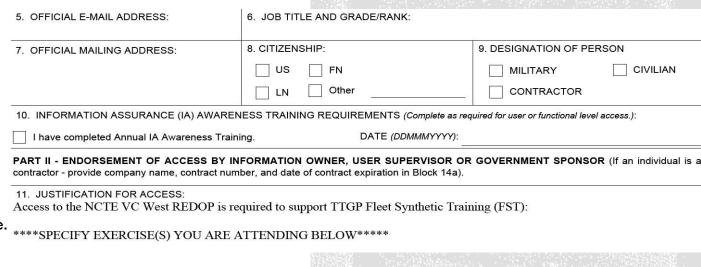
➤ **TYPE OF REQUEST:**
- For most scenarios select the "INITIAL" checkbox
- If you feel that you should select any checkbox other than "INITIAL" consult your Cybersecurity Staff

➤ **SYSTEM NAME** *(Platform or Application)***:**
- Pre-filled. Please do not modify.

➤ **LOCATION** *(Physical Location of System)***:**
- Pre-filled. Please do not modify.

➤ **1. NAME** *(Last, First, Middle Initial)***:**
- Please type name of requestor in the specified format: Last name, first name, then middle initial.

➤ **2. ORGANIZATION:**
- Your Command information

➤ **3. OFFICE SYMBOL/DEPARTMENT:**
- Please list requestor's department
- Example: "N6"

➤ **4. PHONE** *(DSN and Commercial)***:**
- Please list a commercial work phone number where the requestor may be reached.
- A DSN number is not required, but may be listed if applicable.

E-MAIL SUBMIT

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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:				DATE *(DDMMMYYYY)*:
☒ INITIAL	☐ MODIFICATION	☐ DEACTIVATE	☐ USER ID	

SYSTEM NAME *(Platform or Application)*: NCTE VC West RedOp	LOCATION *(Physical Location of System)*: Naval Base Point Loma / C3F Complex Bldg 24, 56, 58

PART I *(To be completed by Requester)*

1. NAME *(Last, First, Middle Initial)*:	2. ORGANIZATION:
3. OFFICE SYMBOL/DEPARTMENT:	4. PHONE *(DSN and Commercial)*: DSN: COM:

- ## 5. OFFICIAL E-MAIL ADDRESS:
  - List requestor's unclassified email address.

- ## 6. JOB TITLE AND GRADE/RANK:
  - List requestor's job title and rank, as applicable.

- ## 7. OFFICIAL MAILING ADDRESS:

- ## 8. CITIZENSHIP:
  - Specify requestor's citizenship.
  - If requestor is not a US citizen, please contact ISSO for guidance.

- ## 9. DESIGNATION OF PERSON:
  - Please specify whether requestor is: military, contractor, or civilian.

- ## 10. INFORMATION ASSURANCE (IA) AWARENESS TRAINING REQUIREMENTS *(Complete as required for user or functional level access.)*:
  - DOD Cyber Awareness Challenge 2022: https://cyber.mil/training/cyber-awareness-challenge/
  - Derivative Classification Online Training if you have never completed this training. https://securityawareness.usalearning.gov/derivative/index.htm
  - Please provide a digital copy of the certificates, along with your completed SAAR-N form, to the Accounts Management Staff: TTGP_NCTE_SAAR@navy.mil

- ## 11. JUSTIFICATION FOR ACCESS:
  - The justification for access is pre-filled. Please do not modify this information.
  - ****SPECIFY EXERCISE(S) YOU ARE ATTENDING BELOW*****

5. OFFICIAL E-MAIL ADDRESS:	6. JOB TITLE AND GRADE/RANK:	
7. OFFICIAL MAILING ADDRESS:	8. CITIZENSHIP: ☐ US ☐ FN ☐ LN ☐ Other _____	9. DESIGNATION OF PERSON: ☐ MILITARY ☐ CIVILIAN ☐ CONTRACTOR

10. INFORMATION ASSURANCE (IA) AWARENESS TRAINING REQUIREMENTS *(Complete as required for user or functional level access.)*:

☐ I have completed Annual IA Awareness Training.   DATE *(DDMMMYYYY)*: _____

PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If an individual is a contractor - provide company name, contract number, and date of contract expiration in Block 14a).

11. JUSTIFICATION FOR ACCESS:
Access to the NCTE VC West REDOP is required to support TTGP Fleet Synthetic Training (FST):

****SPECIFY EXERCISE(S) YOU ARE ATTENDING BELOW*****

➢ **12. TYPE OF ACCESS REQUIRED:**

- Most users will check the "Authorized" box, which has been pre-filled.

- If you believe that the requestor requires privileged access, please contact the NOSC West Coast ISSO for further instructions.

➢ **12a. If Block 12 is checked "Privileged", user must sign a Privileged Access Agreement Form.**

- Not applicable to most users. If you believe that the requestor requires privileged access, please contact the NOSC West Coast ISSO for further instructions.

➢ **13. USER REQUIRES ACCESS TO:**

- If you require Specify Category Access enter it here

➢ **14. VERIFICATION OF NEED TO KNOW:**

- Ensure the box is checked.

➢ **14a. ACCESS EXPIRATION DATE IS REQUIRED** *(Contractors must specify Company Name, Contract Number, Expiration Date)***:**

- For military and DoD Civilians, please provide Exercise end date .

- For contractors, please list the Company Name, Contract Number, and Contract Expiration Date.

12. TYPE OF ACCESS REQUIRED:	12a. If Block 12 is checked "Privileged", user must sign a Privileged Access Agreement Form.	DATE SIGNED *(DDMMMYYYY)*:
☒ AUTHORIZED ☐ PRIVILEGED		

13. USER REQUIRES ACCESS TO:		
☐ UNCLASSIFIED ☒ CLASSIFIED *(Specify Category)*:		☐ OTHER:

14. VERIFICATION OF NEED TO KNOW:	14a. ACCESS EXPIRATION DATE *(Contractors must specify Company Name, Contract Number, Expiration Date)*:
I certify that this user requires access as requested. ☒	***Exercise End Date Required ***

➢ **15. SUPERVISOR'S ORGANIZATION/DEPARTMENT:**

- • Example: N6

➢ **15a. SUPERVISOR'S E-MAIL ADDRESS:**

- • Provide supervisor's unclassified e-mail address.

➢ **15b. PHONE NUMBER:**

- • Provide supervisor's office phone number.

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 *(DDMMMYYYY)*:
17. SIGNATURE OF INFORMATION OWNER/OPR:	17a. PHONE NUMBER: 619 553-9075		17b. DATE *(DDMMMYYYY)*:
18. SIGNATURE OF IAM OR APPOINTEE:	19. ORGANIZATION/DEPARTMENT: NCTE ISSO (TTGP)	20. PHONE NUMBER: 619 553-9084	21. DATE *(DDMMMYYYY)*:

➢ **16. SUPERVISOR'S NAME *(Print Name)*:**

- • Use the following format: *Last Name, First Name, Middle Initial, Grade/Rank.*

➢ **16a. SUPERVISOR'S SIGNATURE**

- • Signature must be digital. No "wet" signatures will be permitted.

➢ **16b. DATE (DDMMMYYYY):**

- • Date in which supervisor reviewed and signed the document.
- • Please use the provided format example.

Blocks 17-21 will be completed by NOSC West Coast NOO and ISSO. Please do not modify.

➤ **22. USER AGREEMENT**

- Read over the user agreement before signing.

- The user agreement continues onto page 3 of the SAAR-N form

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

- Type name of requestor, paying attention to the given format: Last name, First name, Middle initial.

➢ **24. USER SIGNATURE:**

- Signature <u>**must be digital**</u>. No "wet" signatures will be permitted.

➢ **25. DATE SIGNED** *(DDMMMYYYY)***:**

- Date in which requestor completed and signed the document.
- Please use the provided format example.

Blocks 26-33b are completed by Cybersecurity Staff and Security Manager. If the above sections are completed, the SAAR-N is ready to be emailed to Cybersecurity Staff for further processing at the following e-mail address:

TTGP_NCTE_SAAR@navy.mil

E-MAIL SUBMIT

FOR OFFICIAL USE ONLY WHEN FILLED

(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. NAME *(Last, First, Middle Initial)*:	24. USER SIGNATURE:	25. DATE SIGNED *(DDMMMYYYY)*:

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

26. TYPE OF INVESTIGATION:	26a. DATE OF INVESTIGATION *(DDMMMYYYY)*:
26b. CLEARANCE LEVEL:	26c. IT LEVEL DESIGNATION ☐ LEVEL I ☐ LEVEL II ☐ LEVEL III

27. VERIFIED BY *(Print name)*: Fred Whitaker, SECMGR	28. SECURITY MANAGER TELEPHONE NUMBER: 619 553-8329	29. SECURITY MANAGER SIGNATURE:	30. DATE *(DDMMMYYYY)*:

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 *(DDMMMYYYY)*:	32a. PROCESSED BY:	32b. DATE *(DDMMMYYYY)*:
33. DATE REVALIDATED *(DDMMMYYYY)*:	33a. REVALIDATED BY:	33b. DATE *(DDMMMYYYY)*: