

FOR OFFICIAL USE ONLY

SYSTEM ACCESS REQUEST

THIS FORM IS REQUIRED FOR ALL DLA/NON-DLA PERSONNEL REQUESTING ACCESS TO AND DELETION FROM A DLA AUTOMATED INFORMATION SYSTEM (AIS). IF USER IS TO BE DELETED, COMPLETE USERID, NAME, AND SYSTEM TO BE DELETED FROM. ONLY ONE USER PER FORM. SEND COMPLETED FORM TO INFORMATION SYSTEM SECURITY OFFICER (ISSO).

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450. 50 U.S.C. 781, et seq. DLA Privacy Act System Notice S500.50 , Access & BadgingRecords, applies.

PRINCIPAL PURPOSE(S): Personal information on this form is used to grant the individual access to a sensitive DLA Automated Information System (AIS), The provided information is used to ensure that only authorized personnel have access to this system.

ROUTINE USE(S): Information from this system may be disclosed for any of the DLA blanket routine uses.

DISCLOSURE: Disclosure of information on this form is voluntary. However, if the information is not provided, system access will be denied. Sensitive but Unclassified.

1. TYPE OF ACTION REQUIRED ("X" one)

NEW USER USER WITH ASSIGNED USERID
(Input USERID in Block 2 below.)

DELETE USER REASSIGNED/MOVED

OFFICE SYMBOLS
 FROM _____ TO _____

2. USERID	3. NAME (Last, First, Middle)	4. DATE OF BIRTH (MMDD)	5. OFFICE SYMBOL	6. OFFICE TELEPHONE NUMBER	
				a. COMMERCIAL	b. DSN

7a. US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO (If No-Indicate Country of Citizenship)	d. BUSINESS MAILING ADDRESS	8a. TYPE OF INVESTIGATION	b. DATE OF INVESTIGATION
b. SOCIAL SECURITY NUMBER	c. CONTRACTOR <input type="checkbox"/> YES <input type="checkbox"/> NO	c. PERSONNEL SECURITY SPECIALIST/REPRESENTATIVE SIGNATURE	

9. SYSTEM TO BE ACCESSED HQDLA LAN:
 ("X" Appropriate Organization) J1 J3 J6 J8 J9 DSS Other: _____

10.a List Application(s) or Web Site:

10.b Other:

10.c **BSM (Choose 1)** DE or BPC:

MDM Harvest Remedy PD2 Manu SAP

11. TERMINAL AREA SECURITY OFFICER (TASO)	a. PHONE NUMBER	b. DATE	c. SIGNATURE
12. SUPERVISOR	b. PHONE NUMBER	c. DATE	d. SIGNATURE
13.. INFORMATION SYSTEM SECURITY OFFICER (ISSO)	c. PHONE NUMBER	b. DATE	c. SIGNATURE