

DD Form 2875 Instructions for Web Access (USMC)

INSTRUCTIONS FOR COMPLETING THE DD FORM 2875 For Web Access ON THE DEFENSE PROPERTY ACCOUNTABILITY SYSTEM (DPAS)

HEADER INFORMATION

TYPE OF REQUEST

- a. Check Initial for a New User
- b. Check Modification for a change in a current user and Enter User ID.
- c. Check Deletion for the removal of a user and enter the User ID

DATE: Enter the date of the request. (DD MMM YYYY)

SYSTEM NAME: Enter DPAS and your Site ID (i.e. MC-USMC, MC-GME and or MC-WCF)

LOCATION (Physical location of System): Enter DECC-Ogden

PART I: (To be completed by Requestor)

To establish or modify a USER ID, provide this information.

1. **NAME:** The last name, first name, and middle initial of the user
2. **SOCIAL SECURITY NUMBER:** The social security number of the user
3. **ORGANIZATION:** The user's current organization (i.e., H&SBn, HQMC, Wash, DC)
4. **OFFICE SYMBOL/DEPARTMENT:** The office symbol of your current organization (i.e. BPCO, SPCO, PCO, etc.)
5. **TELEPHONE NUMBER or DSN:** Enter the user's commercial telephone number, including their area code, or their DSN telephone number.
6. **OFFICIAL EMAIL ADDRESS:** Enter the user's official email address.
7. **JOB TITLE/GRADE/RANK:** Enter the user's job title and the user's RANK or GRADE, if a contractor enter (CONT).
8. **OFFICIAL MAILING ADDRESS:** Enter the user's official mailing address.
9. **CITIZENSHIP:** Citizenship status
10. **DESIGNATION OF PERSON:** Enter "Military/Service", "Civilian", or "Contractor"

USER AGREEMENT: Read the user agreement, by signing block 11, you accept the responsibility for the information and DoD system to which you are granted access. And that you accept responsibility to safeguard the information contained in these systems from unauthorized or inadvertent modification, disclosure, destruction, and use.

IA TRAINING AND AWARENESS: User must indicate if they have completed the Annual Information Awareness Training. NOTE: This requirement should be met by the functional user annually. This training is available through E-Learning module at the DPAS HOME WEB PAGE under the title of "Security Awareness Training" link.

11. **USER'S SIGNATURE:** The user must sign the form with the understanding that they are responsible and accountable for their password and system access.
12. **DATE:** Enter the date that the user signs the form. (DD MMM YYYY)
- PART II: Endorsement of Access by the User's Supervisor, Information Owner or Sponsor**
13. **JUSTIFICATION FOR ACCESS:** Enter the following information, lines (1) DPAS, Accountable UIC (enter M00027), and (2) **WEB ACCESS REQUESTED to download DPAS software for Command's DPAS users.**
14. **TYPE OF ACCESS REQUIRED:** Place an X in the AUTHORIZED box
15. **USER REQUIRES ACCESS TO:** Place a X in UNCLASSIFIED
16. **VERIFICATION OF NEED TO KNOW:** Check the box to verify the user requires the access as designated in step 15.
- 16a. **EXPIRATION DATE FOR ACCESS:** This date must be completed if the request is less than 1 year, otherwise leave blank. (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)
17. **SUPERVISOR'S NAME:** Print the name of the user's supervisor.
18. **SUPERVISOR'S SIGNATURE:** This is the actual signature of the user's supervisor
19. **SUPERVISOR'S DATE:** This is the date of the supervisor's signature
20. **SUPERVISOR'S ORGANIZATION/DEPARTMENT:** This is the supervisor's organization or department.
- 20a. **SUPERVISOR'S E-MAIL ADDRESS:** This is the E-Mail address of the user's Supervisor.
- 20b. **SUPERVISOR'S PHONE NUMBER:** This is the DSN or Commercial Phone Number of the user's Supervisor.
21. **SIGNATURE OF FUNCTIONAL INFORMATION OWNER, USER SUPERVISOR, OR GOVERNMENT SPONSER:** This is the signature of the functional appointee responsible for approving access to the organization's DPAS system property book...i.e., the Base/Station Personal Property Manager (BPPM), **REQUIRE SIGNATURE, PRINTED NAME AND ORGANIZATION (use "21 continuation" in block 27). Note, blocks (21) and 17 may be the same individual.**
- 21a. **PHONE NUMBER:** Enter the phone number of person in step 21.

21b. **DATE:** Enter the date that the information data owner signed the user's request.

22. **SIGNATURE OF INFORMATION ASSURANCE OFFICER (IAO):** Signature of the site's Information Security Officer (IAO) or sponsoring office responsible for approving the access to the DPAS system...**leave blank. FOR HQMC USE ONLY**

23. **ORG/DEPARTMENT:** DPAS Information Security Officer (IAO) organization or department...**leave blank. FOR HQMC USE ONLY**

24. **PHONE NUMBER:** Telephone number, either DSN or Commercial, of the DPAS IAO...**leave blank. FOR HQMC USE ONLY**

25. **DATE:** Date that the DPAS Information Security Officer (IAO) signs the document...**leave blank. FOR HQMC USE ONLY**

26a. **NAME:** The last name, first name, and middle initial of the user.

26b. **SOCIAL SECURITY NUMBER:** Social security number of the user.

27. **OPTIONAL INFORMATION:**Please add Site specific information, SITE ID and UIC.

PART III: Security Manager Validates the Background Investigation or Clearance Information (Part III is required to process DD Form 2875)

28. **TYPE OF INVESTIGATION:** Enter the user's last type of background investigation, (i.e. NAC, NACI, SSBI).

28a. **DATE OF INVESTIGATION:** Enter the date of the last investigation.

28b. **CLEARANCE LEVEL:** Enter the security clearance level of the user (i.e. Secret, Top Secret). NOTE: Depends on local Command requirements.

28c. **IT LEVEL DESIGNATION:** Enter the user's IT designation (Level I, Level II, Level III). **Normally level III for access to DPAS.**

29. **VERIFIED BY:** Enter the name of the Security Manager or their designee. 30.

30. **SECURITY MANAGER TELEPHONE NUMBER:** The telephone number of the Security manager or his/her designee.

31. **SIGNATURE:** The signature of the Security Manager or their designee.

32. **DATE:** Enter the date of the signature of the Security Manager or their designee. (DD MMM YYYY) when the information was verified.

PART IV: (Leave Blank, for HQMC Use Only)

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.
PRINCIPAL PURPOSE: To record names, signatures, and Social Security Numbers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.
ROUTINE USES: None.
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 checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DELETION <input type="checkbox"/> USER ID _____		DATE (YYYYMMDD) 20050105
SYSTEM NAME (Platform or Applications) DPAS MC-USMC		LOCATION (Physical Location of System) DECC - OGDEN

PART I (To be completed by Requestor)		
1. NAME (Last, First, Middle Initial) MCGYVER, BRIAN, G.		2. SOCIAL SECURITY NUMBER 123-45-6789
3. ORGANIZATION MCB Camp Lejeune Property Office	4. OFFICE SYMBOL/DEPARTMENT BPPMO	5. PHONE (DSN or Commercial) 751-2468
6. OFFICIAL E-MAIL ADDRESS mcygyverb@mcbscamlej.usmc.mil		7. JOB TITLE AND GRADE/RANK Base Personal Property Specialist, SSgt
8. OFFICIAL MAILING ADDRESS CG, MCB Camp Lejeune Jacksonville, NC 22258	9. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER	10. DESIGNATION OF PERSON <input checked="" type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR

USER AGREEMENT

I accept the responsibility for the information and DoD system to which I am granted access and will not exceed my authorized level of system access. I understand that my access may be revoked or terminated for non-compliance with DoD security policies. I accept responsibility to safeguard the information contained in these systems from unauthorized or inadvertent modification, disclosure, destruction, and use. I understand and accept that my use of the system may be monitored as part of managing the system, protecting against unauthorized access and verifying security problems. I agree to notify the appropriate organization that issued my account(s) when access is no longer required.

IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.) <input checked="" type="checkbox"/> I have completed Annual Information Awareness Training. DATE (YYYYMMDD) 20041209	
11. USER SIGNATURE (Mcygyver's signature)	12. DATE (YYYYMMDD) 20050105

PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)

13. JUSTIFICATION FOR ACCESS (1) DPAS Accountable UIC: M00027 (2) WEB Access requested to download DPAS software for the Command's DPAS users	
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14. TYPE OF ACCESS REQUIRED: <input checked="" type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED			
15. USER REQUIRES ACCESS TO: <input checked="" type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED (Specify category) <input type="checkbox"/> OTHER _____			
16. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested. <input checked="" type="checkbox"/>	16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)		
17. SUPERVISOR'S NAME (Print Name) MEAN, Max (Megyver's Supervisor)	18. SUPERVISOR'S SIGNATURE (Max signature)	19. DATE (YYYYMMDD) 20050106	
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT MCB Camp Lejeune Property Office	20a. SUPERVISOR'S E-MAIL ADDRESS meanm@mcbscamlej.usmc.mil	20b. PHONE NUMBER DSN 751-1234	
21. SIGNATURE OF INFORMATION OWNER/OPR (MEANER, Marine - BPPM - cont. in block 27)	21a. PHONE NUMBER (Leave Blank)	21b. DATE (YYYYMMDD) (Leave Blank)	
22. SIGNATURE OF IAO OR APPOINTEE (Leave Blank for HQMC Use Only)	23. ORGANIZATION/DEPARTMENT (Leave Blank)	24. PHONE NUMBER (Leave Blank)	25. DATE (YYYYMMDD) (Leave Blank)

26a. NAME (Last, First, Middle Initial) MCGYVER, BRIAN, G.	26b. SOCIAL SECURITY NUMBER 123-45-6789
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27. OPTIONAL INFORMATION (Additional information)

21 (Continuation)

INFORMATION OWNER/OPR NAME (Print): MEANER, Marine, Capt, BPPM

INFORMATION OWNER/OPR Organization/Department: MCB Camp Lejeune, Base Property Control Office

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

28. TYPE OF INVESTIGATION i.e., NAC		28a. DATE OF INVESTIGATION (YYYYMMDD) 19991229	
28b. CLEARANCE LEVEL NONE		28c. IT LEVEL DESIGNATION <input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input checked="" type="checkbox"/> LEVEL III	
29. VERIFIED BY (Print name) BANOTTS, James, R	30. SECURITY MANAGER TELEPHONE NUMBER DSN 751-4321	31. SECURITY MANAGER SIGNATURE (sec mgrs signature)	32. DATE (YYYYMMDD) 20050106

PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION

TITLE:	SYSTEM DPAS MC-USMC	ACCOUNT CODE (LEAVE ALL OTHER BLOCKS OF PART IV BLANK)
	DOMAIN	
	SERVER	
	APPLICATION	
	DIRECTORIES	
	FILES	
	DATASETS	
DATE PROCESSED (YYYYMMDD)	PROCESSED BY (Print name and sign)	DATE (YYYYMMDD)
DATE REVALIDATED (YYYYMMDD)	REVALIDATED BY (Print name and sign)	DATE (YYYYMMDD)