

**DIVISION OF MILITARY AND NAVAL AFFAIRS  
INFORMATION SYSTEM ACCESS REQUEST (ISAR)**

*(Proponent is Administrative Support (MNAS))*

<b>AUTHORITY:</b>	Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.		
<b>PRINCIPAL PURPOSE:</b>	To record the names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Agency systems and information maintained on or thru the agency Net.		
<b>ROUTINE USES:</b>	Retained by Administrative Support (MNAS) for the purpose of identifying personnel authorized to access agency systems and information.		
<b>DISCLOSURE:</b>	Disclosure of this information is voluntary; however, failure to provide the requested information will impede, delay or prevent further processing of this request.		
<b>PART I - IDENTIFICATION AND SPECIFICATIONS</b> <i>(To be completed by Requestor)</i>			
1. NAME <i>(Last, First, Middle Initial)</i>		2. ORGANIZATION	
3. OFFICE / UNIT IDENTIFICATION CODE (UIC)		4. PHONE <i>(Commercial)</i>	
5. OFFICIAL E-MAIL ADDRESS		6. JOB TITLE	6a. GRADE
7. OFFICIAL MAILING ADDRESS		8. CITIZENSHIP	9. PERSONA
10. TYPE OF REQUEST			
11. DoD EDI Personnel Identifier			
12. SYSTEM NAME: <i>(Platform or Applications)</i>			
13. TYPE OF ACCESS REQUIRED		13a. ACCESS EXPIRATION DATE <i>(Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 19 for additional space.)</i>	
"I certify that I will complete Annual Information Awareness Training and Awareness Certification Requirements within 30 days" *Email account will not be effective until training is complete.			
14. USER SIGNATURE			
<b>PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR</b> <i>(If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 19.)</i>			
15. JUSTIFICATION FOR ACCESS			
16. VERIFICATION OF NEED TO KNOW "I certify that this user requires access as requested."			
17. SUPERVISOR'S NAME <i>(Last, First, Middle Initial)</i>		17a. SUPERVISOR'S E-MAIL ADDRESS	17b. PHONE NUMBER
17c. SUPERVISOR'S ORGANIZATION/DEPARTMENT		17d. SUPERVISOR'S SIGNATURE	
18. APOC/IANO NAME <i>(Last, First, Middle Initial)</i>		18a. APOC/IANO E-MAIL ADDRESS	18b. PHONE NUMBER
18c. APOC/IANO ORGANIZATION/DEPARTMENT		18d. APOC/IANO SIGNATURE	

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19. OPTIONAL INFORMATION (*Additional information*)

*DISTRO LISTS:*  
*GROUP SHARE:*

**PART III – UNIT PERSONNEL SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION**

20. TYPE OF INVESTIGATION	20a. DATE OF INVESTIGATION (YYYYMMDD)	
20b. CLEARANCE LEVEL	20c. IT LEVEL DESIGNATION	
21. VERIFIED BY <i>(Last, First, Middle Initial)</i>	21a. TELEPHONE NUMBER	21b. UNIT SECURITY MANAGER SIGNATURE

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

PROCESSED BY ( <i>Last, First, Middle Initial</i> )	PROCESSED BY SIGNATURE
REVALIDATED BY ( <i>Last, First, Middle Initial</i> )	REVALIDATED BY SIGNATURE

## INSTRUCTIONS

**A. PART I:** The following information is provided by the user when establishing or modifying their USER ID. MUST BE TYPED AND **ALL SIGNATURES MUST BE DIGITAL.**

1. Name. The last name, first name, and middle initial of the user.
2. Organization. The user's current organization (i.e. NNGNY, NGB, DoD or commercial firm).
3. Office or UIC. Office or Unit Identification Code (i.e. MNAS or W8BNAA, Co A 108th or WYE10).
4. Telephone Number. Phone number of the user.
5. Official E-mail Address. The user's official e-mail address.
6. Job Title. The job title (Example: Commander or Systems Analyst)
- 6a. Grade. The government pay-grade (Example: 0-3 or GS-10) Use "CTR" if user is a contractor.
7. Official Mailing Address. The user's official mailing address.
8. Citizenship. Select from the drop down list: US or Foreign National.
9. Persona. Select from the drop down list: Military, Federal Civilian, State Civilian, Contractor, Volunteer.
10. TYPE OF REQUEST. Select from the drop down list:
  - **Initial** – For any user who has never had access to the Network
  - **Modification** – For any user who has had a change to their name, grade, station, phone number, security clearance or level of access. This includes mobilization requests.
  - **Deactivate** – For users who no longer require access to the Network.
11. DoD EDI Personnel Identifier. The DoD number on the reverse of their Common Access Card (CAC) or found in the "My Personal Info" section of the ActiveClient software on their computer.
12. SYSTEM NAME. List any specific type of system or application desired besides NYARNG sponsored computers and applications.
13. Type of Access Required. Select from the drop down list:
  - **Regular** - Individual with normal access.
  - **Privileged** - Those with privilege to amend or change system configuration, parameters, or settings.
- 13a. Expiration Date for Access. The user must specify expiration date if less than 1 year.
14. User's Signature. User must digitally sign the DMNA Form 2875 with the understanding that they are responsible and accountable for their password and access to the system(s). User must indicate if he/she has completed the Annual Information Awareness Training and the date.

**B. PART II:** The information below requires the endorsement from the user's Supervisor or the Government Sponsor. MUST BE TYPED AND **ALL SIGNATURES MUST BE DIGITAL.**

15. 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.
16. Verification of Need to Know. To verify that the user requires access as requested.

17. Supervisor's Name. The supervisor or representative enters 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 digital signature is required by the endorser or his/her representative.

18. APOC/IANO's Name. The APOC/IANO or representative enters his/her name to indicate that the above information has been verified and that access is required.

18a. E-mail Address. APOC/IANO's e-mail address.

18b. Phone Number. APOC/IANO's telephone number.

18c. APOC/IANO's Organization/Department. APOC/IANO's organization and department.

18d. Signature of APOC or IANO. Signature of the official responsible for approving access to the system being requested.

19. Optional Information. This item is intended to add additional information, as required.

**C. PART III: Certification of Background Investigation or Clearance. ALL SIGNATURES MUST BE DIGITAL.**

20. Type of Investigation. The user's last type of background investigation (i.e., NAC, NACI, or SSBI).

20a. Date of Investigation. Date of last investigation.

20b. Eligibility Determination. The user's current security clearance level. Select from the drop down list: Secret or Top Secret.

20c. IT Level Designation. The user's IT designation. Select from the drop down list: Level I, Level II, Level III or Level IV.

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

21a. Security Manager Telephone Number. The telephone number of the Security Manager or his/her representative.

21b. Security Manager Signature. The Security Manager or his/her representative indicates that the above clearance and investigation information has been verified.

**D. PART IV: This information is site specific. This information will specifically identify the access required by the user.**

USER \_\_\_ SUPERVISOR \_\_\_ PERSONNEL SECURITY OFFICER \_\_\_ APOC

\*All officials must be different. If not e-mail to next level of supervision.