

## System Authorization Access Request (DD FORM 2875, AUG 2009) SAMIS/AFSAC Online/Report.Web (FeTODS/ETOs/ITOs)

These step-by-step instructions are intended to help you acquire access to the AFSAC managed information systems.

**AFSAC REQUIRES FORMS TO BE ELECTRONICALLY COMPLETED TO ENSURE ACCURACY AND TIMELINESS FOR OBTAINING YOUR ACCOUNT.**

**SUBMITTED FORMS NOT PROPERLY COMPLETED WILL BE RETURNED.**

**ONLY THE TEMPLATES LOCATED ON THE AFSAC ONLINE HOMEPAGE ([https://afsac.wpafb.af.mil/password\\_2.html](https://afsac.wpafb.af.mil/password_2.html)) OR ON OUR DD 2875 PROCESSING SITE (<https://cs.eis.afmc.af.mil/sites/1010/004/default.aspx>) WILL BE ACCEPTED. ALL OTHER DD 2875s WILL BE RETURNED.**

Select the appropriate form for the system access you are requesting. In the upper right corner of the form, click on "Trust Form" to enable editing before beginning. All required blocks must be completed before the request will be processed. Follow the steps below to complete the form:

### **TYPE OF REQUEST:**

- Initial: New user accounts and accounts that need to be re-established due to deletion.
- Modification: Changes to an existing account
  - Provide USER ID in the USER ID field.
- Deactivate: Delete the user account.
  - Provide USER ID in the USER ID field.

**DATE:** Enter the date of the request. (All dates must be entered in YYYYMMDD format.)

**SYSTEM NAME:** This block will be pre-populated. Ensure the system name matches the system you are requesting. If the system does not match the system you are requesting, download the correct template from the link above.

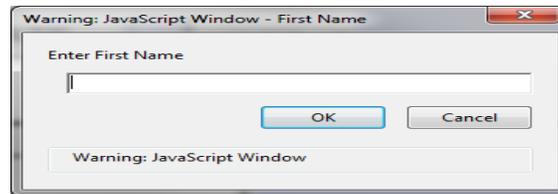
**Note: Report.Web** All requests for a SAMIS account will automatically include a basic Report.Web account for viewing SAMIS reports. Users requiring access to FeTODS/ETOs/ITOs information must submit a separate Report.Web (FeTODS/ETOs/ITOs) DD 2875 account request for access to those systems. **\*ATTENTION\* Only SATODS and certain AFSAC personnel are permitted Report.Web (FeTODS/ETOs/ITOs) accounts. Standard USG users do not require these accounts and should not submit these types of requests.** (For training purposes, a complete Report.Web tutorial is available through the AFSAC Online homepage.)

**LOCATION:** Pre-populated. Do not change.

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## PART I and PART II (Blocks to be completed by Requestor):

1. **Name:** Enter full name in the pop-up windows. Three pop-up windows will appear for First Name, Middle Initial, and Last Name.



2. **Organization:** Enter full unit name. (e. g., Air Force Life Cycle Management Center)
3. **Office Symbol/Department:** Enter unit office symbol or department name. (e. g., WFSZ)
4. **User's Phone Number:** Check DSN (Defense Switched Network) or Commercial and then enter the appropriate number including area code for commercial numbers.

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#### 4. PHONE (DSN or Commercial)

<input type="checkbox"/>	DSN
<input type="checkbox"/>	COMM

5. **User's Official Email Address:** Enter official e-mail address.
6. **Job Title & Rank:** Enter job title and grade/rank.
  - Contractors enter "CTR" as the grade/rank.
7. **Official Mailing Address:** Enter official mailing address.
8. **Citizenship:** Select US or FN (Foreign National) or OTHER as appropriate.
9. **Designation of Person:** Select MILITARY, CIVILIAN or CONTRACTOR.
10. **IA Training and Awareness Certification Requirements:** Check the – "I have completed Annual Information Awareness Training." block and *enter the Date of Training in the stated format*. Check ADLS to obtain training date. (\*\* **The IA date can be no more than one year prior to the date of submission.** \*\*) [Click here to access ADLS.](#)
11. **User Signature:** \*ATTENTION\* **Prior to signing the form, the user must ensure that blocks 12-16a are appropriately completed. Please follow the guidance below for the proper completion of those blocks.** After completion of all necessary blocks, sign the form. **Only a digital signature is acceptable.**
12. **Date:** Enter date in YYYYMMDD format.

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13. **Justification for Access:** Provide the **PURPOSE** of the system access required and the access being requested. This entry **CANNOT** be a generic statement, such as “Access required to perform job duties.”

**Example of a valid justification:** As a line manager on an LOA I need to be able to input data on new contract and update as necessary. I also review status for what is on order to see where I can be of assistance for another International Partner.

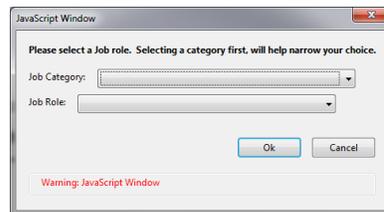
**System Rules of Behavior and Notice and Consent:** Read and acknowledge understanding of the System Rules of Behavior and Notice and Consent agreement. This can be found by clicking the hyperlink in block 13 on the form (see diagram below).

By signing in box 11 above, I am agreeing that I have read and understand the *System Rules of Behavior and Notice and Consent* located [here](#)

- 13a. **Job Role:** Clicking the area beside the JOB ROLE will bring up the pop-up window below. [Click here for job role listing](#). If you are unable to view this link, contact the [AFSAC Helpdesk](#) to obtain a copy.

Job Category: Select job category from the dropdown.

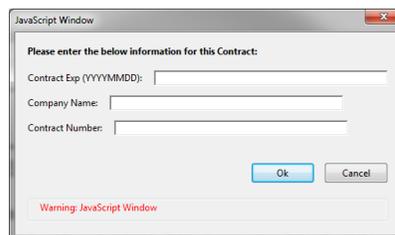
Job Role: Select the job role you perform using the dropdown.



A JavaScript Window dialog box titled "JavaScript Window" with a close button (X) in the top right corner. The main text reads: "Please select a Job role. Selecting a category first, will help narrow your choice." Below this text are two dropdown menus: "Job Category:" and "Job Role:". At the bottom of the dialog are "Ok" and "Cancel" buttons. A red warning message at the bottom left says "Warning: JavaScript Window".

- 13b. **PIN:** Enter a four-digit numeric PIN that is easily remembered. The PIN is used for the creation of the initial password and thereafter when requesting password resets.

- 16a. **Access Expiration Date (Contractors only):** Enter the date that access is to be terminated. Contractors must specify company name, contract number, and expiration date. Use block 27 if additional space is required. Contractor accounts expire on the contract expiration date. An updated DD 2875 is required to prior to the current contract expiration date in order to keep the account active. Clicking in block 16a will bring up the pop-up window below.



A JavaScript Window dialog box titled "JavaScript Window" with a close button (X) in the top right corner. The main text reads: "Please enter the below information for this Contract:". Below this text are three text input fields: "Contract Exp (YYYYMMDD):", "Company Name:", and "Contract Number:". At the bottom of the dialog are "Ok" and "Cancel" buttons. A red warning message at the bottom left says "Warning: JavaScript Window".

**\*\*\*User Portion is now Complete\*\*\* \*\*\* Ensure you have signed the form in block 11 \*\*\***

**Please save the form using the naming convention below and send to your supervisor for further processing.**

**[System] – [Last], [First] – DD-2875.pdf (e.g. SAMIS – Doe, John – DD-2875.pdf)**

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**PART II (Blocks to be completed by Supervisor):**

13. **Justification for Access:** Verify the requestor's justification. This is the **PURPOSE** of the system access required and the access being requested. This entry **CANNOT** be a generic statement, such as "Access required to perform job duties."

**Example of a valid justification:** As a line manager on an LOA I need to be able to input data on new contract and update as necessary. I also review status for what is on order to see where I can be of assistance for another International Partner.

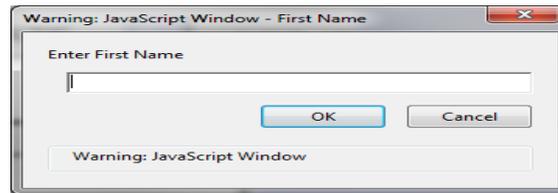
13a. **Job Role:** Validate the user has selected the job role required. [Click here for job role listing](#). If you are unable to view this link, contact the [AFSAC Helpdesk](#) to obtain a copy.

14. **Type of Access Required:** Item pre-selected according to job role.

15. **User Requires Access to:** Item pre-selected – "Unclassified"

16. **Verification of Need to Know:** This block should be checked, acknowledging supervisor's verification that the requestor has a valid need for access to the system.

17. **Supervisor's Name:** Enter Supervisor name. Enter full name in the pop-up windows. Three pop-up windows will appear for First Name, Middle Initial, and Last Name.



18. **Supervisor's Signature:** Must be a digital signature.

**NOTE:** Sign only after blocks 16-20b are completed.

19. **Date:** Enter the date the document was signed. Must match date of digital signature.

20. **Supervisor's Organization/Department:** Enter organization/department.

20a. **Supervisor's E-mail Address:** Enter e-mail address.

20b. **Phone Number:** Enter phone number.

**\*\*\*Supervisor Portion Complete\*\*\* \*\*\* Ensure you have signed in block 18 \*\*\***

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**Part III** needs to be filled out to complete the form. Please follow the relevant instructions below:

**AFSAC employees:** Please upload to <https://cs.eis.afmc.af.mil/sites/1010/004/default.aspx> for processing by the AFSAC Security Manager team.

**Non-AFSAC employees:** Please forward form to your security manager for further processing. Your command **Security Manager** or **Personnel Security Specialist** should accomplish this section. Once the form has been completely filled out, forward the DD 2875 to one of the locations below:

Tinker, Robins, and Hill AFBs: [SAMIS.AFSACONLINE@US.AF.MIL](mailto:SAMIS.AFSACONLINE@US.AF.MIL)

AFLCMC Users not located at Hill, Robins, and Tinker: Upload to our DD 2875 processing tool located at <https://cs.eis.afmc.af.mil/sites/1010/004/default.aspx>

All others (e.g., DFAS, Army, Navy, etc.): Email to [afsac.computer.security.manager@us.af.mil](mailto:afsac.computer.security.manager@us.af.mil)

## **ACRONYM LISTING:**

<b><u>Acronym</u></b>	<b><u>Definition</u></b>
ADLS	Automated Distributed Learning System
AFSAC	Air Force Security Assistance Cooperation
CTR	Contractor
DSN	Defense Switch Network
ETO	Electronic Technical Order
FeTODS	Foreign Military Sales Electronic Technical Order Distribution System
FN	Foreign National
ITO	Interim Technical Order
LOA	Letter of Acceptance
PIN	Personal Identification Number
SAMIS	Security Assistance Management Information System (AF)
SATODS	Security Assistance Technical Order Data System
TODD	Tech Order Distribution Office
USG	United States Government

# System Authorization Access Request (DD FORM 2875, AUG 2009) SAMIS/AFSAC Online/Report.Web (FeTODS/ETOs/ITOs)

Example of Completed DD Form 2875:

Be sure to follow the instructions. You can view them by clicking this text.

↑  
Trust this form to enable completion.

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)			
<b>PRIVACY ACT STATEMENT</b>			
<b>AUTHORITY:</b> Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act. <b>PRINCIPAL PURPOSE:</b> To record names, signatures, and other identifiers 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. <b>ROUTINE USES:</b> None. <b>DISCLOSURE:</b> Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.			
<b>TYPE OF REQUEST</b> <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> USER ID _____			<b>DATE (YYYYMMDD)</b> 20140711
<b>SYSTEM NAME (Platform or Applications)</b> SAMIS		<b>LOCATION (Physical Location of System)</b> WPAFB	
<b>PART I (To be completed by Requestor)</b>			
<b>1. NAME (Last, First, Middle Initial)</b> Doe, John, D		<b>2. ORGANIZATION</b> AFLCMC/WF	
<b>3. OFFICE SYMBOL/DEPARTMENT</b> WFSQ		<b>4. PHONE (DSN or Commercial)</b> <input checked="" type="checkbox"/> DSN    986-2123 <input type="checkbox"/> COMM	
<b>5. OFFICIAL E-MAIL ADDRESS</b> john.doe@us.af.mil		<b>6. JOB TITLE AND GRADE/RANK</b> Logistics Management Specialist / GS-12	
<b>7. OFFICIAL MAILING ADDRESS</b> 5454 Buckner Drive WPAFB, OH 45433		<b>8. CITIZENSHIP</b> <input checked="" type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER	
<b>9. DESIGNATION OF PERSON</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR			
<b>10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.)</b> <input checked="" type="checkbox"/> I have completed Annual Information Awareness Training.    DATE (YYYYMMDD) 20140101			
<b>11. USER SIGNATURE</b> <div style="text-align: center;">Digitally Sign here</div>			<b>12. DATE (YYYYMMDD)</b> 20140711
<b>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.)</b>			
<b>13. JUSTIFICATION FOR ACCESS</b>  As a line manager on an LOA I need to be able to input data on new contract and update as necessary. I also review status for what is on order to see where I can be of assistance for another International Partner.			
<input checked="" type="checkbox"/> By signing in box 11 above, I am agreeing that I have read and understand the <i>System Rules of Behavior and Notice and Consent</i> located <a href="#">here</a>			
<b>13a. JOB ROLE</b> <u>Material/Logistics Specialist - Satellite Office</u>			
<b>13b. Please enter a four digit numeric PIN that you will remember and will be used when requesting your password to be reset:</b> _____			
<b>14. TYPE OF ACCESS REQUIRED:</b> <input checked="" type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED			
<b>15. USER REQUIRES ACCESS TO:</b> <input checked="" type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED ( <i>Specify category</i> ) <input type="checkbox"/> OTHER _____			
<b>16. VERIFICATION OF NEED TO KNOW</b> I certify that this user requires access as requested. <input checked="" type="checkbox"/>		<b>16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)</b>	
<b>17. SUPERVISOR'S NAME (Print Name)</b> Sample, Mark, A		<b>18. SUPERVISOR'S SIGNATURE</b> <div style="text-align: center;">Digitally Sign Here</div>	
<b>19. DATE (YYYYMMDD)</b> 20140711		<b>20. SUPERVISOR'S ORGANIZATION/DEPARTMENT</b> AFLCMC/WFSQ	
<b>20a. SUPERVISOR'S E-MAIL ADDRESS</b> mark.sample@us.af.mil		<b>20b. PHONE NUMBER</b> 986-2345	
<b>21. SIGNATURE OF INFORMATION OWNER/OPR</b>		<b>21a. PHONE NUMBER</b>	
<b>21b. DATE (YYYYMMDD)</b>		<b>22. SIGNATURE OF IAO OR APPOINTEE</b>	
<b>23. ORGANIZATION/DEPARTMENT</b>		<b>24. PHONE NUMBER</b>	
<b>25. DATE (YYYYMMDD)</b>			

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Example of Completed DD Form 2875 (continued):

26. NAME <i>(Last, First, Middle Initial)</i> Doe, John, D			
27. OPTIONAL INFORMATION <i>(Additional information)</i>			
CONTINUATION FROM BLOCK 16a (Company Name, Contract Number, Expiration Date): <b>Contract Number</b>  <b>Company Name</b>			
ADDITIONAL INFORMATION:			
<b>PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION</b>			
28. TYPE OF INVESTIGATION ANACI		28a. DATE OF INVESTIGATION (YYYYMMDD) 20100101	
28b. CLEARANCE LEVEL SECRET		28c. IT LEVEL DESIGNATION <input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input checked="" type="checkbox"/> LEVEL III	
29. VERIFIED BY <i>(Print name)</i> Security Manager's Name	30. SECURITY MANAGER TELEPHONE NUMBER (937) 257-5555	31. SECURITY MANAGER SIGNATURE Digitally Sign Here	32. DATE (YYYYMMDD) 20140711
<b>PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION</b>			
TITLE:	SYSTEM	ACCOUNT CODE	
	DOMAIN		
	SERVER		
	APPLICATION		
	DIRECTORIES		
	FILES		
	DATASETS		
DATE PROCESSED <i>(YYYYMMDD)</i>	PROCESSED BY <i>(Print name and sign)</i>	DATE (YYYYMMDD)	
DATE REVALIDATED <i>(YYYYMMDD)</i>	REVALIDATED BY <i>(Print name and sign)</i>	DATE (YYYYMMDD)	