

Step-by-Step SAAR Submission Process

1. Click the "Download SAAR" Button located on the SAAR Submission Page.
2. Fill out the SAAR.

-A Fill out the **YELLOW** highlighted portions of the SAAR with the customer's information. **Only sign after the entire yellow portion is filled out!**

-B Change the classification icon (Section 15) based on if you're doing a NIPR or SIPR SAAR. If classified, input "SIPR" in the box after "(Specify Category)"

-D **DON'T FORGET TO SIGN *AFTER* THE YELLOW PORTION IS FILLED OUT AND DON'T FORGET THE SECOND TO LAST PAGE WITH THE CUSTOMER'S SIGNATURE.**

-E The **RED** section is to be filled out and signed by the customer's immediate supervisor **AFTER** the completion of the User's portion (Yellow)

-F SAAR's require the following certificates to be completed, based on the platform's classification (NIPR/SIPR), and they will be **Denied** if the certificates are not attached.

NIPR requires the CYBERM000 Certificate from MarineNet.

SIPR requires the CYBERM000 Certificate and Derivative Classification.

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 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.				
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		USER ID		DATE
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE		1234567890		Feb 28, 2019
SYSTEM NAME (Platform or Applications)			LOCATION (Physical Location of System)	
NIPR or SIPR			WCS00	
PART I (To be completed by Requestor)				
1. NAME (Last, First, Middle Initial)		2. ORGANIZATION		
Motivated_Very F		USMC		
3. OFFICE SYMBOL/DEPARTMENT		4. PHONE (DSN or Commercial)		
H&S		910-451-4464		
5. OFFICIAL E-MAIL ADDRESS		6. JOB TITLE AND GRADE/RANK		
N/A		0211 Sgt/ E-5		
7. OFFICIAL MAILING ADDRESS		8. CITIZENSHIP		9. DESIGNATION OF PERSON
2d Intel Bn PSC Box 20139 Camp Lejeune, NC, 28542		<input checked="" type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR
10. 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 Oct 1, 2018				
11. USER SIGNATURE		12. DATE		
		Feb 28, 2019		
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				
**Requires New Account for daily operation **Requires Logical move from IMEF to IMEF **Requires Reactivation for daily operation				
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				16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)
I certify that this user requires access as requested. <input checked="" type="checkbox"/>				
17. SUPERVISOR'S NAME (Print Name)		18. SUPERVISOR'S SIGNATURE		19. DATE
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT		20a. SUPERVISOR'S E-MAIL ADDRESS		20b. PHONE NUMBER
21. SIGNATURE OF INFORMATION OWNER/OPR		21a. PHONE NUMBER		21b. DATE
22. SIGNATURE OF IAO OR APPOINTEE		23. ORGANIZATION/DEPARTMENT		24. PHONE NUMBER
		2d Intel Bn / S-6		451-4464
				25. DATE

3. The SAAR will need to be sent to the customer's immediate supervisor so they can filled out sections 17-20b.
4. Click the "Submit NEW SAAR" button on the SAAR Submission Page, Attach the SAAR and its proper certificates. This is the best practice so that you don't lose the SAAR and so that it can be verified by the S-6 Help Desk.
5. **Inform the S-6 Help Desk that these steps have been completed.**
6. The SAAR will be sent to the Security Manager by the S-6 to have their portion filled out. The tracker on SharePoint will be moved to the appropriate SAAR list to show where in the process your SAAR is currently.