

EL-CID Online UNCLASSIFIED SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

AUTHORITY: The Computer Fraud and Abuse Act, as amended (18 U.S.C. § 1030) authorizes collection of the following information.

PRINCIPAL PURPOSE: To record names, signatures, and other identifiers to validate the trustworthiness of individuals requesting access to the National Telecommunications and Information Administration (NTIA) systems and information. The requestor information will be stored in electronic or paper form. This form is only required to request access to the NTIA EL-CID Online Workflow and Internal Editor. This form is not required for access to the EL-CID Online External Editor, which does not require log in credentials. This form must be renewed annually.

DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information will prevent the processing of this request.

TYPE OF REQUEST <input type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> RENEWAL <input type="checkbox"/> DELETION	DATE (DDMMYYYY)
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PART I (To be completed by User)

1. NAME (LAST, FIRST, MI)	2. TITLE
3. DEPARTMENT/AGENCY	4. OFFICE
5. MAILING ADDRESS	
6. PHONE	7. FAX
8. EMAIL	
9. PHONE NUMBER(S) FOR AUTHENTICATION:	
Primary Phone number _____ Alternate Phone Number _____	

STATEMENT OF ACCOUNTABILITY

I understand my obligation to protect my password and user credentials. I have reviewed and will abide by the NTIA EL-CID Online System Rules of Behavior and protect the data and the integrity of this system. I will not exceed my authorized access. I acknowledge that all documents, unless otherwise marked, are to be treated at a minimum as pre-decisional, sensitive information and cannot be released without the expressed written consent of the Associate Administrator, Office of Spectrum Management, National Telecommunications and Information Administration. I will annually renew the SAAR form as required by NTIA.

USER SIGNATURE	DATE (DDMMYYYY)
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PART II (To be completed by User's Agency IRAC Representative or NTIA Supervisor)

10. GOVERNMENT EMPLOYEE
Government Employee
11. CONTENT ACCESS REQUIRED
EL-CID Online

12. JUSTIFICATION FOR ACCESS

12b. SPECIAL ACCESS REQUESTED

VERIFICATION OF NEED TO KNOW
 I certify that the requester requires access to EL-CID Online in the performance of his/her job function. I have verified that the requester has completed security and privacy awareness training. Yes

AGENCY IRAC REPRESENTATIVE (or NTIA SUPERVISOR) SIGNATURE	DATE (DDMMYYYY)
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PART III (To be completed by the EL-CID Online Business Owner)

13. HAVE THE USER'S CREDENTIALS BEEN VERIFIED?
 YES NO

CONTENT ACCESS

14. EL-CID Online		

EL-CID Online Business Owner's Verification
 I have verified that the requestor requires access to the EL-CID Online system as indicated in Part III of this form.

SIGNATURE OF EL-CID ONLINE BUSINESS OWNER	DATE (DDMMYYYY)
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PART IV (To be completed by EL-CID Online System Administrator)

27. USERID	28. USER CONTEXT	29. ACCOUNT EXPIRATION
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SIGNATURE OF SYSTEM ADMINISTRATOR	DATE (DDMMYYYY)
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INSTRUCTIONS

NOTE: All requestors MUST read the “Privacy Act Statement” on the top of the form and the “Statement of Accountability” above the user signature block before signing this SAAR form. Requestors must also read, sign, and return the “ECO Rules of Behavior”.

TYPE OF REQUEST: Place an “X” in the appropriate box.

DATE: Enter the date in DDMMYYYY format.

A. PART I: The requesting user must provide the following information for establishing or modifying a user account:

Block 1 – NAME: The last name, first name, and middle initial of the user.

Block 2 – TITLE: The user’s job function title (*i.e.*, Electronics Engineer).

Block 3 – DEPARTMENT/AGENCY: The user’s current Department or Agency name (*i.e.*, Army).

Block 4 – OFFICE: The member’s office/division/branch (*i.e.*, Army Spectrum Management Office).

Block 5 – MAILING ADDRESS: The user’s complete mailing address including mail stop, street, city, state, and zip code.

Block 6 – PHONE: The user’s direct voice telephone number including area code.

Block 7 – FAX: The user’s facsimile phone number including area code.

Block 8 – EMAIL: The user’s email address.

Block 9 – PHONE NUMBER FOR AUTHENTICATION: The user’s phone number for the system to call for authentication.

The user will be required to enter an access control number or PIN.

USER SIGNATURE: User must sign the SAAR form with the understanding that he/she is responsible and accountable for his/her password and PIN, abiding by the ECO Rules of Behavior, and for protecting the content and integrity of the system. (the form may be signed electronically)

DATE: Date the form signed using DDMMYYYY format.

The requestor must forward the form to his/her Agency’s IRAC Representative (or NTIA Supervisor).

B. PART II: The Agency’s IRAC Representative or NTIA Supervisor must provide the following information:

Block 10 – GOVERNMENT EMPLOYEE? Place an “X” in the appropriate box.

Block 11 – CONTENT ACCESS REQUIRED: Place an “X” in the appropriate boxes.

Block 12 – JUSTIFICATION FOR ACCESS: A brief statement to justify establishment of an initial user account. Provide appropriate information if the account is to be modified, renewed or deleted.

Block 12b – SPECIAL ACCESS REQUESTED: A detailed description of SPECIAL ACCESS REQUESTED for each subcommittee. IRAC representative or NTIA Supervisor must verify the requesters' security training completion.

SIGNATURE: Only the Agency’s IRAC Representative or NTIA Supervisor can sign the form affirming the user’s requirement for access to EL-CID Online.

DATE: Date the form using DDMMYYYY format.

The Agency’s IRAC Representative, NTIA Supervisor, or the requester, must forward the signed forms to the NTIA EL-CID Online help desk for further processing and should maintain a copy for their records. The EL-CID Online help desk email address is: ecohelpdesk@ntia.gov.

C. PART III: The Business Owner must provide the following information:

Block 13 – HAVE THE USER’S CREDENTIALS BEEN VERIFIED? Place an “X” in the appropriate box.

Block 14 thru 26 – CONTENT ACCESS: Place an “X” in the appropriate box or boxes.

BUSINESS OWNER’S VERIFICATION: The EL-CID Online business owner must sign verifying the requestor’s need for access to the content on EL-CID Online.

DATE: Date the form in DDMMYYYY format.

The EL-CID Online business owner must forward original forms to the EL-CID Online Helpdesk with a request for an EL-CID Online user account and maintain a copy.

D. PART IV: The System Administrator must provide the following information:

Block 27 – USERID: Enter the authorized user identity (*e.g.*, jdoe).

Block 28 – USER CONTEXT: Enter the user’s role in the system.

Block 29 – ACCOUNT EXPIRATION: Enter the account expiration date in DDMMYYYY format.

SIGNATURE OF SYSTEM ADMINISTRATOR: The system administrator must sign the document certifying that the user account was established in accordance with system policies and that access is restricted to the content indicated in Part III.

DATE: Date the form in DDMMYYYY format.

The system administrator must forward the original forms to the ECO Helpdesk and notify Network Operations.