

CONTRACTOR COMPUTER ACCESS REQUEST

(Prescribing Authority: DRMS-R 5200.2)

SECTION I

(To be completed by the Contracting Officer's Representative (COR))

A: COR DATA

1. NAME	2. ADDRESS	3. PHONE
4. OFFICE SYMBOL	5. E-MAIL	B: CONTRACT TITLE AND NUMBER

C: REQUEST IS TO

<input type="checkbox"/> ADD A NEW CONTRACTOR	<input type="checkbox"/> PROVIDE A NEW RESOURCE ACCESS FOR AN ESTABLISHED CONTRACTOR	<input type="checkbox"/> CHANGE CONTRACTOR'S CURRENT ACCESS PRIVILEGES
<input type="checkbox"/> CHANGE CONTRACTOR PERSONNEL DATA	<input type="checkbox"/> DELETE A SPECIFIC ACCESS OR PRIVILEGE	<input type="checkbox"/> DELETE ALL THE CONTRACTOR'S ACCESSES AND PRIVILEGES

D: INDIVIDUAL CONTRACTOR INFORMATION

1. CONTRACTOR'S NAME

2. COMPANY NAME AND ADDRESS

3. CONTRACTOR'S POSITION TITLE

4. CONTRACTOR'S BIRTH DATE	5. LAST 6 DIGITS CONTRACTOR'S SOCIAL SECURITY NUMBER
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6. ENTER LOGON IDENTIFIER (IF PREVIOUSLY ASSIGNED BY DLA)

7. IF PREVIOUSLY ASSIGNED ID, IS ID STILL IN USE OR ACTIVE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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8. CONTRACTOR ACCESSES (LIST SYSTEMS, APPLICATIONS, DATA AND OTHER RESOURCES)	PRIVILEGES NEEDED (READ, ALTER, ETC.)

E: COR CERTIFICATION

IF THIS REQUEST IS AN ADD ACTION OR A CHANGE TO ACCESS PRIVILEGES, I CERTIFY THAT I HAVE REVIEWED THE SECURITY CLAUSE OF THE CONTRACT IDENTIFIED ABOVE AND THAT THE COMPUTER ACCESSES ARE NEEDED IN THE PERFORMANCE OF THE CONTRACTUAL DUTIES.

COR SIGNATURE	DATE
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SECTION II

(To be completed by the Personnel Security Specialist)

I HAVE PERFORMED A REVIEW CONCERNING THE NAMED INDIVIDUAL (LINE D), AND MY FINDINGS ARE AS FOLLOWS:

<input type="checkbox"/> THE INDIVIDUAL HAS HAD A FAVORABLY ADJUDICATED INVESTIGATION	
<input type="checkbox"/> AN UNFAVORABLE ADJUDICATION IS ON RECORD	
<input type="checkbox"/> NO INFORMATION IS AVAILABLE INDICATING THE PERSON HAS HAD AN INVESTIGATION. IF INFORMATION IS NOT AVAILABLE, A BACKGROUND CHECK WILL BE INITIATED.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO (NOTE: IF "NO" BOX IS CHECKED, ATTACH EXPLANATION TO THIS FORM)

PERSONNEL SECURITY SPECIALIST SIGNATURE	DATE
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