ACAM - DD Form 2875 Instructions & Explanation

Instructions for completing DD Form 2875:

1) Fill in all required information.
2) The Government Air Quality representative for the facility will complete boxes 21, 21a, and 21b.
3) Send the completed and authorized form to:
   FRANK CASTANEDA, III, P.E., GS-14, DAF
   HQ AFCEC/CZTQ; Air Quality Subject Matter Expert
   Email: francisco.castaneda@us.af.mil

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**SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)**

**PRIVACY ACT STATEMENT**
- **AUTHORITY:** Executive Order 10450, 0307; and Public Law 09-474, 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:** Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.
- **DATE (YYYY/MM/DD):**

**TYPE OF REQUEST**
- **INITIAL**
- **MODIFICATION**
- **DEACTIVATE**
- **USER ID:** N/A

**SYSTEM NAME (Platform or Applications)**
- **Air Conformity Applicability Model (ACAM)**

**LOCATION (Physical Location of System)**

**PART I (To be completed by Requestor)**

1. **NAME (Last, First, Middle Initial)**
2. **ORGANIZATION**
3. **OFFICE SYMBOL/DEPARTMENT**
4. **PHONE (DSN or Commercial)**
5. **OFFICIAL E-MAIL ADDRESS**
6. **JOB TITLE AND GRADE/RANK**
7. **OFFICIAL MAILING ADDRESS**
8. **CITIZENSHIP**
   - US
   - FN
8. **DESIGNATION OF PERSON**
   - MILITARY
   - CIVILIAN
   - CONTRACTOR
9. **IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS** (Complete as required for user or functional level access;)
   - I have completed Annual Information Awareness Training.
   - DATE (YYYY/MM/DD)

11. **USER SIGNATURE**
12. **DATE (YYYY/MM/DD)**
Provide detailed justification.

For Contractors performing Air Quality work for the Air Force:
Facility working for:
Contract Title:
Contract Number:
Contract Service Agency:

14. TYPE OF ACCESS REQUIRED:
   - [X] AUTHORIZED
   - [ ] PRIVILEGED

15. USER REQUIRES ACCESS TO:
   - [X] UNCLASSIFIED
   - [ ] CLASSIFIED (Specify category)
   - [ ] OTHER

16. VERIFICATION OF NEED TO KNOW
   I certify that this user requires access as requested.
   [ ]

16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)

17. SUPERVISOR'S NAME (Print Name)

18. SUPERVISOR'S SIGNATURE

19. DATE (YYYY/MM/DD)

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 (YYYY/MM/DD)

22. SIGNATURE OF IAO OR APPOINTEE

23. ORGANIZATION/DEPARTMENT

24. PHONE NUMBER

25. DATE (YYYY/MM/DD)

The Air Quality government representative of the facility who is responsible for ACAM must be the one who authorizes you access to ACAM by completing blocks 21, 21a, and 22b.

ACAM PMO representative will sign here after you have submitted your request.

Contractors enter their company name here.

Provide detailed justification.
No information needs to be entered in fields 26 and 27.
Applicants are not required to complete PART III.

Applicants should not use the reset button or all common information will be cleared.