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 form for approval to **ACAM@Solutioenv.com** and Cc the following:

> FRANK CASTANEDA, III, P.E., GS-14, DAF
> HQ AFCEC/CZTQ; Air Quality Subject Matter Expert
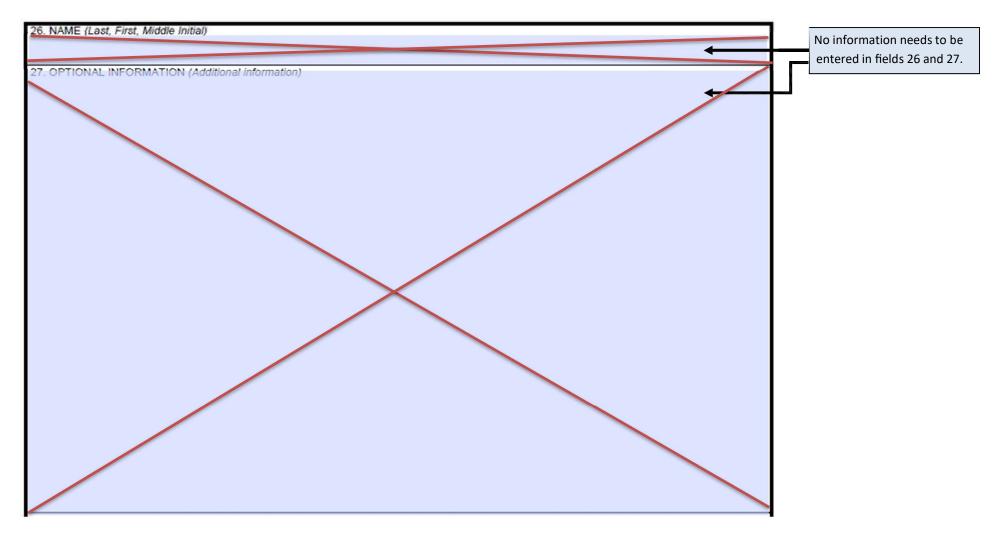> Email: francisco.castaneda@us.af.mil

Note: If the link to download ACAM is not received via email within 5 business days, then please contact Solutio Environmental, Inc. at (210) 749-7000

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			DATE (YYYYMMDD)
[X] INITIAL [ ] MODIFICATION [ ] DEACTIVATE [ ] USER ID N/A			

Must include Date of request.

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

Enter Organization or Company Name here

3. OFFICE SYMBOL/DEPARTMENT	4. PHONE *(DSN or Commercial)*

5. OFFICIAL E-MAIL ADDRESS	6. JOB TITLE AND GRADE/RANK

Contractors should enter "Contractor"

7. OFFICIAL MAILING ADDRESS	8. CITIZENSHIP	9. DESIGNATION OF PERSON
	[X] US [ ] FN [ ] OTHER	[ ] MILITARY [ ] CIVILIAN [ ] CONTRACTOR

10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS *(Complete as required for user or functional level access.)*
[ ] I have completed Annual Information Awareness Training.   DATE (YYYYMMDD)

Not required if ACAM will not be used on a government computer.

11. USER SIGNATURE	12. DATE (YYYYMMDD)

ACAM - DD 2875 Explanation (cont.)

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

> 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.)*

> Contractors enter their company name here.

17. SUPERVISOR'S NAME *(Print Name)*	18. SUPERVISOR'S SIGNATURE	19. DATE *(YYYYMMDD)*
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 *(YYYYMMDD)*
22. SIGNATURE OF IAO OR APPOINTEE	23. ORGANIZATION/DEPARTMENT	24. PHONE NUMBER	25. DATE *(YYYYMMDD)*

> 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 21b. Completed by SME, Frank Castaneda.

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

ACAM - DD 2875 Explanation (cont.)

26. NAME (Last, First, Middle Initial)

27. OPTIONAL INFORMATION (Additional information)

No information needs to be entered in fields 26 and 27.

ACAM - DD 2875 Explanation (cont.)

Applicants are not required to complete PART III.

PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION

28. TYPE OF INVESTIGATION	28a. DATE OF INVESTIGATION (YYYYMMDD)

28b. CLEARANCE LEVEL	28c. IT LEVEL DESIGNATION
	☐ LEVEL I ☐ LEVEL II ☐ LEVEL III

29. VERIFIED BY (Print name)	30. SECURITY MANAGER TELEPHONE NUMBER	31. SECURITY MANAGER SIGNATURE	32. DATE (YYYYMMDD)

PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION

TITLE:	SYSTEM	ACCOUNT CODE
	DOMAIN	
	SERVER	
	APPLICATION	
	DIRECTORIES	
	FILES	
	DATASETS	

DATE PROCESSED (YYYYMMDD)	PROCESSED BY (Print name and sign)	DATE (YYYYMMDD)
DATE REVALIDATED (YYYYMMDD)	REVALIDATED BY (Print name and sign)	DATE (YYYYMMDD)

DD FORM 2875 (BACK), AUG 2009

Reset

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