

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

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	<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> USER ID N/A	DATE (YYYYMMDD)
SYSTEM NAME (Platform or Applications)	LOCATION (Physical Location of System)	
Air Conformity Applicability Model (ACAM)		
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 <input checked="" type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER	9. DESIGNATION OF PERSON <input 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 type="checkbox"/> I have completed Annual Information Awareness Training. DATE (YYYYMMDD)		
11. USER SIGNATURE	12. DATE (YYYYMMDD)	

Enter Organization or Company Name here

Contractors should enter "Contractor"

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

ACAM - DD 2875 Explanation (cont.)

PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR <i>(If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)</i>			
13. JUSTIFICATION FOR ACCESS 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: <input checked="" type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED			
15. USER REQUIRES ACCESS TO: <input checked="" type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED <i>(Specify category)</i> <input type="checkbox"/> OTHER			
16. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested. <input type="checkbox"/>	16a. ACCESS EXPIRATION DATE <i>(Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)</i>		
17. SUPERVISOR'S NAME <i>(Print Name)</i>	18. SUPERVISOR'S SIGNATURE	19. DATE <i>(YYYYMMDD)</i>	
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 <i>(YYYYMMDD)</i>	
22. SIGNATURE OF IAO OR APPOINTEE	23. ORGANIZATION/DEPARTMENT	24. PHONE NUMBER	25. DATE <i>(YYYYMMDD)</i>

Provide detailed justification.

Contractors enter their company name here.

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.

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.

A diagram consisting of a large light blue rectangular area with a black border. The top-left corner of this area contains two lines of text: "26. NAME (Last, First, Middle Initial)" and "27. OPTIONAL INFORMATION (Additional information)". To the right of this area is a smaller white rectangular box with a black border containing the text "No information needs to be entered in fields 26 and 27.". Two black arrows originate from the right side of this box. The upper arrow points horizontally to the right edge of the top line of text in the large area. The lower arrow points horizontally to the right edge of the bottom line of text in the large area.

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	
		<input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input type="checkbox"/> 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)

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Reset

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