Defense Security Service
Systems Access Request
881 Elkridge Landing Road
Mail Box 150
Linthicum MD 21090
Phone 1-888-347-5213 Fax 410-865-2719

PRIVACY ACT ADVISEMENT

The information you are providing is for the purpose of granting access to an information system(s) owned or administered by the Defense Security Service (DSS). Furnishing personal information, including your social security number (SSN), is authorized by 5 U.S.C. 552a and is voluntary; however, failure to do so may result in your not receiving access certification. This information will be retained by the DSS and may be released to other components or agencies for official purposes.

USER AGENCY NAME: _____

DSS Assigned USER AGENCY Code: _____ **ACCREDITATION CODE for file demand*:**_____

USER'S NAME: _____
Last **First** **Middle**

Social Security Number: _____-_____-_____

Email Address_____

DSS Assigned USERID_____
(For DSS Use Only)

TYPE OF REQUEST

_____ **Authorize the individual named above to be a System User of the DSS systems indicated below:**
Does this individual already have access to another DSS system?
YES (state which one)_____ **NO**_____
_____ **Re-create USERID (USERID has not been used for over 90 days)**
_____ **Delete the individual named above as a User of the DSS System(s) indicated below**
_____ **System User Name Change:**
From_____
Last **First** **Middle**
To_____
Last **First** **Middle**
_____ **Other (Specify Reason):** _____
_____ **Designation of New Security Officer** _____ **Designation of New Information Systems Security Officer or Alternate**

CHECK THE APPLICATION (S) THE USER REQUIRES ACCESS TO:

DEFENSE CLEARANCE AND
AND INVESTIGATIONS INDEX (DCII)
DSS Approved DCII USER AGENCIES

___ **Dynamic HTML Web Version of DCII**
(Query Only of the DCII Person File)

___ **Web Forms Version of DCII**
(DCII Query, File Demand, and OPM/SII Query)

Client Server Version of DCII (DSS Accredited Agencies Only)
(Full Functionality for DCII)

___**Add Entry/Tracings**
___**Edit Entry/Tracings**
___**Delete Entry/Tracings**
___**File Demand**
___**File Demand print**
___**DDAS**
___**Query**

DEFENSE FINGERPRINT PROCESSING SYSTEM (DFPS)
___**This function allows users to electronically transmit fingerprint records.**

DEFENSE CLEARANCE AND INVESTIGATIONS INDEX:

Read Only / Query: - This function allows a user to search for specific records in the DCII and the U.S. Office of Personnel Management's Security Suitability Investigations Index (SII).

Add Entry / Tracings: - This function allows a user to add DCII tracings.

Edit Entry / Tracings - This function allows a user to edit DCII tracings.

Delete Entry / Tracings - This function allows a user to delete DCII tracings.

File Demand - This function allows users to request DSS and/or other agencies' files /dossiers. *"FILE DEMAND" REQUIRES DSS ACCREDITATION APPROVAL.

File Demand Print - This function allows a user to print a list of the files/dossiers requested by the user agency and/or by other agencies through file demand.
DDAS (DCII Disclosure Accounting System) - This function allows a DoD user to record the release of DCII data to non-DoD / 3rd party customers.

INDIVIDUAL'S MAILING ADDRESS:	**INDIVIDUAL'S PHYSICAL ADDRESS:**

_____ _____

_____ _____

_____ _____

INVESTIGATIVE DATA:

Clearance Granted by: _____

Clearance Eligibility Level: _____

Date Clearance or Eligibility Granted (YYYY/MM/DD): _____

Date of Investigation (YYYY/MM/DD): _____

Type of Investigation: _____

INFORMATION SYSTEMS SECURITY OFFICER (ISSO) AND ALTERNATE:

ISSO'S Name: _____
Last First Middle

Phone No: (____) - _____ - _____ Fax No: (____) - _____ - _____

E-Mail Address: _____

Alternate ISSO's Name: _____
Last First Middle

Phone No: (____) - _____ - _____ Fax No: (____) - _____ - _____

E-Mail Address: _____

CERTIFICATIONS:

1. Supervisory Certification:

Name of Supervisor: _____
Last First Middle

I certify that the above named individual requires access to the specified information system(s) for official purposes only:

Supervisor's Signature and Date: _____

2. Certification by Security Officer:

Name of Security Officer: _____
Last First Middle

I certify that the investigation on the above named individual meets the requirements for access to the specified information system(s).

Security Officer's Signature and Date: _____

Phone No: (____) - _____ - _____ Fax No: (____) - _____ - _____

E-mail Address: _____

*******THE LETTER APPROVING THE USER'S ACCESS TO A DSS SYSTEM WILL BE FORWARDED TO THE SECURITY OFFICER. PLEASE INDICATE THE COMPLETE MAILING ADDRESS OF THE SECURITY OFFICER BELOW.**

SECURITY OFFICER'S MAILING ADDRESS: **SECURITY OFFICER'S PHYSICAL ADDRESS:**

_____ _____

_____ _____

_____ _____

USER'S NAME_____

01/28/03 9:30 a.m.