

**CAM Appointment Letter** Designating  
**Contractor Administrator Managers (CAMS) for NISP**  
**Contract Classification System (NCCS)**  
**SUPERVISOR/AUTHORIZING OFFICIAL'S (AO)**  
**STATEMENT**

I, \_\_\_\_\_ hereby appoint  
(Print first and last name, title.)

\_\_\_\_\_ as a NCCS Contract  
(Print first and last name, title.)

Administrator Manager (CAM) for the following Cage Codes:


\_\_\_\_\_ contact information follows:  
(Print Mr. or Ms. CAM's last name)

eMail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
(Supervisor/AO POC Initials) I authorize Mr./Ms. \_\_\_\_\_ to appoint subordinate CAMS.

I acknowledge that I am authorized to appoint CAMS for the CAGE Codes listed above.

\_\_\_\_\_  
(Supervisor/AO POC's Signature) (Date)

**ACKNOWLEDGEMENT OF APPOINTMENT**

I have read and understand the **CAM Responsibilities and Accountability** as contained in this CAM Appointment Letter. I further understand this appointment will remain in effect until CAM privileges are revoked by my supervisor. I understand that privileges may be revoked without cause. By signing and dating below I acknowledge my appointment.

\_\_\_\_\_  
(Appointee Signature) (Date)

## **CAM RESPONSIBILITIES AND ACCOUNTABILITY**

You are hereby appointed as Contract Administrator Manager (CAM) for the NISP Contract Classification System (NCCS) application. Your span of control includes the CAGE Codes above.

As a CAM, you are a critical part of maintaining system security because you enable and disable user access and authorization. You are also critical to maintaining accountability and auditability because you enable WAWF system roles and maintain the documentation that authorized your actions.

You accept the CAM role as a trusted agent for DISA DECC Ogden. You will comply with all DISA policies regarding security functions performed in support of DISA DECC Ogden. You will also comply with your respective Department and/or agency policy guidance.

You are responsible for the following activities:

- a. Establish an organizational e-mail for each CAGE Code and submit these to WAWF-RA EB-SERVICE DESK [DISA.OGDEN.ESD.MBX.CSCASSIG@MAIL.MIL](mailto:DISA.OGDEN.ESD.MBX.CSCASSIG@MAIL.MIL) or call 866-618-5988.
- b. Activate and disable users' accounts in your scope of authority. Activations can only occur after a valid DD Form 2875 is received that has been approved by the user's authorized supervisor. CAMs will maintain all DD Form 2875s within the CAM's scope of responsibility for 1 year after users' accounts are disabled.
- c. If you are authorized to activate other CAMs, you must also maintain an appointment letter for new CAMs for 1 year after the subordinate CAM account has been disabled.
- d. Any CAM activating a vendor as a CAM must validate the vendor's identity by verifying information the vendor has entered during the registration process (i.e. security questions and answers). Documentation that you validated the vendor must be maintained for one year after the vendors' accounts are disabled.
- e. Ensure your CAM account stays active by logging into the system at least once per month so that your account does not get deactivated for inactivity.

When activating privileges and profiles, you will comply with the principles of least privilege and segregation of duties as described in your respective Department and/or agency policy guidance.

As a CAM you will verify the identity of an individual by validating the DD Form 2875 and all required signatures prior to activating the individual.

You will maintain all users' DD Form 2875s in a secured location (i.e., in a locked cabinet or uploaded into the WAWF system) in a manner to be easily recalled if audited by the WAWF ORC or third party entity.

- a. If a user's information has changed, i.e. their name, supervisor, clearance information, access rights, contract expiration date, contract expiration date\ or organization, a new DD Form 2875 must be submitted.
- b. Verify that the DD Form 2875s submitted are the current form for use and not obsolete. If user has submitted an obsolete form on file, user must submit in a current DD Form 2875.

- c. User's DD Form 2875 must remain on file for one year after the account is archived.

You will review user accounts within your scope of authority at least quarterly for violations of least privilege and segregation of duties and other matters required by the WAWF ORC. You will maintain documentation of your reviews for at least one year. You will disable/archive user accounts immediately upon notification of the following:

- a. The user account is no longer needed or access has been revoked or suspended.

You will immediately report any suspected or known security incidents to the EB-SERVICE DESK at [DISA.ODDEN.ESD.MBX.CSCASSIG@MAIL.MIL](mailto:DISA.ODDEN.ESD.MBX.CSCASSIG@MAIL.MIL) or call 866-618-5988.

You agree to have your first name, last name, phone number and email address as contact information for users under your preview listed on the WAWF web site.