

INFORMATION SYSTEM (IS) ACCREDITATION REQUEST FORM

(Prescribing Document – IA Handbook)

SYSTEM IDENTIFICATION AND INFORMATION

Mark all that apply – **bold** fields are required information. Use IS Accreditation Request Continuation Form, SSC SD 5510/28B to identify additional systems in the building and room identified below, which are used in support of the same classified project. A local system Identification sheet may be used in lieu of SSC SD 5510/28B if all information from the form is provided.

THIS ACCREDITATION REQUEST IS:		<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL
Bar Code No.	Manufacturer	Model	Serial No.
Building	Room	Site	
Primary User		Code	Phone
Custodian		Code	Phone
Systems Administrator		Code	Phone

System Usage: Single User Shared, Single User Host System, Multiple Host Name: _____
 Used Temporarily Off-Site

Server Type: World Wide Web (WWW) Server PC LAN File Server Information Server

Portable Electronic Device (PED): Laptop Notebook Personal Digital Assistant (PDA)
 Wireless Phone Pager Other PED Type (Specify): _____

Hard Disk Drive(s) Used: Removable Internal Drive External Drive None

Operating System and Version: _____

Major Application Software: _____

Prior to completing the following sections, read and implement Security Safeguards found at url: <https://iweb.spawar.navy.mil/services/security/html/issafe2.html>. Accreditation approval will be contingent upon the implementation of these system security safeguards.

CLASSIFICATION OF DATA TO BE PROCESSED (Mark all that apply)

Top Secret Secret Confidential Sensitive But Unclassified Unclassified

SPECIAL CAVEATS AND DATA TYPES

NATO Intelligence CNWDI RD FRD Foreign Government Information (specify) _____

NETWORK CONNECTIVITY (Mark all that apply)

Host IP Address(es): _____

Local Network Access: SWAN SWAN ATM Backbone Seaside Internet Campus Network – SBU LAN (in-house)

Other Network Connectivity: Modem (Internal or External) T1/T3 Land-Line Wireless (specify) _____

Remote Network Access: SIPRNET DISN LES (ATM) SDREN DREN CFBLNET

Other Remote Network(s) Accessed _____ Cryptographic Equipment (specify type) _____

Secure Telephone (ST) Equipment used: ST STU-III SACS Secure Data Device (SDD)

SECURITY INFORMATION (**bold** fields are mandatory)

System is Audited: By Automation Manually Both

System Displays Required Warning Banner: YES

Anti-Viral Software Used – Name _____ Version _____ Date Last Scanned _____

Network Vulnerabilities: Network Scan has been conducted and Vulnerabilities Addressed. Date Last Scanned _____
 Will conduct a Network Scan

System Security Scan Conducted With: TARA for Unix

Latest OS Patches, Service Packs and IAVA's/IAVB's found at url: <https://iweb.spawar.navy.mil/security> have been installed and complied with, as appropriate. YES NO (If No, Accreditation approval will be held in abeyance until Code 83301 is notified of compliance.)

System diagram and security operating procedure may be required upon request.

COMMENTS:

E-MAIL FORM TO USERID accredit@spawar.navy.mil