LEVEL II SYSTEM ACCREDITATION REQUEST

1. Contact Information

Name: _____
Email Address: _____
Telephone Number: _____ Code: _____
Function (System Administrator, Network Technical Representative (NTR), or Information Systems Security Officer (ISSO)):
_____

2. System Administrator*

Name: _____
Email Address: _____
Telephone Number: _____ Code: _____

*If this information was already provided in Section 1, proceed to Section 3.

3. Host Information

IPs (Provide all IPs for this machine, separated by commas (e.g., 132.250.0.1, 132.250.0.2)):
_____
Code (Provide code number of the NRL component that owns the machine): _____
Operating System: _____
Application: _____
Network Hardware Address (MAC Address – Ethernet card address of the system):
_____

4. Service Information

Indicate services to be accredited (Anonymous FTP, FTP, SMTP, SSH, Telnet, Web, VPN**, Firewall***): _____
_____
_____

For each service requested, provide the following information:

- External Access - Does this service need to be accessed from outside NRL? _____
- Restriction - Is this service restricted based on source IP or any other method? _____
- Purpose - Indicate why this service is required: _____
_____

**For VPN, also explain why VPN services are required and how the VPN service will be implemented:
***For firewalls, also indicate the network address and prefix of the protected network (e.g., 10.0.0.0/24); separate multiple networks by commas.

5. Windows Domain Accreditation

Domain Name: _____
Domain Type: _____
Domain Controllers (Indicate the host names of domain controllers):
_____
_____

Clear Form