EMAIL FORM

Date:

SENSITIVE COMPARTMENTED INFORMATION FACILITY (SCIF) ACCESS APPLICATION

Complete this form and email it to SSC_LANT_SSO@navy.mil. You must include the following information in the subject line of the email: ACCESS REQUEST, Building/Lab Number, Last Name, Type of Access, and any other pertinent information.

APPLICANT INFORMATION

(Phone number may be required for validation of clearance/access)

NAME *(Last, First, MI)*	PHONE NUMBER

STATUS

CHECK ONE ONLY

☐ SPAWAR Civilian ☐ SPAWAR Contractor ☐ Military ☐ Visitor

Complete if SPAWAR Contractor:

CONTRACTOR NAME	SUB-CONTRACTOR NAME

CONTRACT/SUBCONTRACT NUMBER	TASK ORDER NUMBER	EXPIRATION DATE

ACCESS REQUESTED

BUILDING NUMBER	LAB NUMBER	CHECK ONE	PERIOD OF ACCESS:	FROM	TO
		☐ Swipe ☐ Sign In Only			

JUSTIFICATION FOR ACCESS

☐ APPLICANT'S PERMANENTLY ASSIGNED WORKSPACE IS WITHIN THE LAB.

☐ APPLICANT IS RESPONSIBLE FOR PROGRAMATIC, OPERATIONS, AND/OR MAINTENANCE OF EQUIPMENT AND/OR SYSTEMS IN THE LAB.

☐ APPLICANT NEEDS TO ATTEND HOSTED TRAINING, VIP LAB VISITATION OR SIMILAR EVENT

GOVERNMENT CERTIFICATIONS AND AUTHORIZATIONS

GOVERNMENT APPROVAL AUTHORITY (Printed name)	DATE SIGNED	SIGNATURE	Signer certifies that access is required for the completion of applicant's duties/ responsibilities identified above.
COR/DOCOR (SPAWAR Contractors Only) (Printed name)	DATE SIGNED	SIGNATURE	Government COR/DOCOR certifies that 1) applicant is contractually authorized to perform tasking identified in the justification, and 2) Contractual information provided is correct.
LAB MANAGER OR ALTERNATE (Printed name)	DATE SIGNED	SIGNATURE	Lab Manager/Alternate agrees and REQUESTS THE SSO OFFICE PROVIDE ACCESS.
SSO OFFICE (Printed name)	DATE SIGNED	SIGNATURE	SSO validates clearance and access for the Lab.