US ARMY CORPS OF ENGINEERS
CLASSIFIED SYSTEMS ACCESS/ACCOUNTS REQUEST
(Use of this form is in accordance with AR-25-2)
the proponent agency is CECI-A.

USER-IDs and passwords are issued for INDIVIDUAL USE ONLY and may not be shared with others under any circumstances (AR 25-2).

Instructions: Applicant completes information in Sections I and II and submits form to Supervisor or Approving Authority.
Supervisor or Approving Authority certifies by completing Section III and submits form to local SIPRNET/RASP Registration Authority. SIPRNET/RASP Registration Authority verifies requirements by completing Section IV and submits form to local Command Security Officer. Command Security Officer certifies Secret Clearance and expiration date by completing Section V and mails form to:

**USACE
CEEIS WESTERN PROCESSING CENTER
EMAIL SECTION (ATTENTION: RASP/SIPRNET)
333 SW FIRST AVENUE
PORTLAND OR 97204-3495**

SECTION I. ACCESS INFORMATION
(Completed by Applicant.)

1. ACCESS REQUESTED *(Check applicable application(s) below.)*	☐ a. RASP	☐ b. SIPRNET/T1	2. ORGANIZATION MAILBOX *(For example: ORGMBOX-SAS)*	3. PERSONAL MAILBOX

SECTION II. APPLICANT INFORMATION
(Completed by Applicant.)

1. LEGAL NAME *(Last, First MI.)*

2. POSITION TITLE

3. EMPLOYED BY ☐ a. CORPS OF ENGINEERS *(Check type below.)* ☐ (1) CIVILIAN ☐ (2) MILITARY ☐ (3) CONTRACTOR b. OTHER *(List)* ☐ _____	4. CURRENT UPASS USER-ID *(ID only, no passwords)*	*APPLICANT CERTIFICATION: I certify that all of the information provided is, to the best of my knowledge, complete and accurate. I understand that the USER-IDs and passwords assigned to me are FOR OFFICIAL USE ONLY and I will protect the integrity of my computer access privileges. I understand that any falsification of the above data or misuse of the system will result in cancellation of my USER-ID. Per AR 380-53, I understand that use of any DoD computer system, authorized or unauthorized, constitutes consent to monitoring.*
	5. OFFICE SYMBOL	
	6. PHONE NUMBER *(Commercial with area code and ext.)*	7. DATE *(YYYYMMDD)* — 8. APPLICANT SIGNATURE

SECTION III. APPROVAL/CERTIFICATION
(Completed by applicant's supervisor / approving authority)

SECTION IV. SIPRNET/RASP SITE REGISTRATION APPROVAL
(Completed by local point of contact.)

SECTION III	SECTION IV
SUPERVISOR/APPROVING AUTHORITY CERTIFICATION: I certify that Computer Security Awareness Program Training for this applicant has been completed. In addition, I certify that this applicant requires access to the selected system(s).	*SIPRNET/RASP REGISTRATION AUTHORITY: I acknowledge requirements to add this user access and manage the client access request.*
1. SUPERVISOR NAME *(Last, First MI.)* — 2. OFFICE SYMBOL	1. SIPRNET/RASP SITE AUTHORITY *(Last, First MI.)* — 2. OFFICE SYMBOL
3. DATE *(YYYYMMDD)* — 4. SUPERVISOR SIGNATURE	3. DATE *(YYYYMMDD)* — 4. SIPRNET/RASP SITE AUTHORITY SIGNATURE

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SECTION V. SECURITY INFORMATION/APPROVAL
(Completed by the applicant's Command Security Officer. After completion of Section E, Command Security Officer mails form to address above.)

COMMAND SECURITY OFFICER APPROVAL: *I certify the applicant has a current Secret Security Clearance. This command also certifies this applicant as a representative for the RASP/SIPRNET classified mission.*	1. APPLICANT CLEARANCE EXPIRATION DATE *(YYYYMMDD)*

2. COMMAND SECURITY OFFICER *(Last, First MI.)*	3. OFFICE SYMBOL	4. DATE *(YYYYMMDD)*	5. COMMAND SECURITY OFFICER SIGNATURE

SECTION VI. IMPLEMENTATION INFORMATION
(Completed by CEEIS WPC Email Section.)

ACTION	DATE *(YYYYMMDD)*	INITIALS
1. CEEIS RA VERIFICATION		
2. USER-ID CREATED *(Not enabled)*		
3. PASSWORD RETURN RECEIPT MAILED		
4. PASSWORD RETURN RECEIPT RECEIVED		

5. ACCOUNT ENABLED BY *(Last, First MI.)*	6. DATE *(YYYYMMDD)*	7. ACCOUNT ENABLED SIGNATURE

8. ADDITIONAL INFORMATION