SYSTEM ACCESS REQUEST

THIS FORM IS REQUIRED FOR ALL DLA/NON-DLA PERSONNEL REQUESTING ACCESS TO AND DELETION FROM A DLA AUTOMATED INFORMATION SYSTEM (AIS).
IF USER IS TO BE DELETED, COMPLETE USERID, NAME, AND SYSTEM TO BE DELETED FROM.
ONLY ONE USER PER FORM. SEND COMPLETED FORM TO DASC-O (ISSO).

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10540. 50 U.S.C. 781, et seq. DLA Privacy Act System Notice S500.50DLA-I, Individual Access Records, applies.

PRINCIPAL PURPOSE(S): Personal information on this form is used to grant the individual access to a sensitive DLA Automated Information System (AIS). The provided information is used to ensure that only authorized personnel have access to this system.

ROUTINE USE(S): Information from this system may be disclosed for any of the DLA blanket routine uses.

DISCLOSURE: Disclosure of information on this form is voluntary. However, if the information is not provided, system access will be denied.

1. TYPE OF ACTION REQUIRED *("X" one)*

☐ NEW USER ☐ USER WITH ASSIGNED USERID *(Input USERID in Block 2 below.)* ☐ DELETE USER ☐ REASSIGNED/MOVED

OFFICE SYMBOLS
FROM _____ TO _____

2. USERID	3. NAME *(Last, First, Middle Initial)*	4. OFFICE SYMBOL	5. OFFICE TELEPHONE NUMBER	
			a. COMMERCIAL ( )	b. DSN

6. DLA USER? ☐ YES ☐ NO		c. BUSINESS MAILING ADDRESS	7a. REQUESTING SUPERVISOR	
a. SOCIAL SECURITY NUMBER	b. CONTRACTOR ☐ YES ☐ NO		b. E-MAIL ADDRES	c. E-MAIL Extention

8. SYSTEM TO BE ACCESSED

a. HQDLA LAN: *("X" one box only)* ☐ DLSC ☐ FO/GC ☐ DCMC ☐ CA ☐ DASC

b. MID-TIER: *(More than one box may be "X'd")* ☐ DLAHP1 ☐ DLAHP2 ☐ DLAHP3 ☐ DLAHP5 ☐ DLAA1 ☐ DLAA2 ☐ DLAA3 ☐ DLAA4 ☐ SCO1 ☐ SCO3 ☐ SCO5

c. IPC COLUMBUS: *(More than one box may be "X'd")* ☐ M204 ☐ T204 ☐ TSO

d. SPECIFY APPLICATION: _____

9. OTHER SYSTEMS *(Indicate in 10.e. type of function, i.e., inquiry, update, etc.)*

	a. SAMMS *(All Centers)*		c. WEAPONS *(All Centers)*
	b. LOGRUN *(DLIS)*		d. MOCAS

e. TYPES OF FUNCTIONS *(Specify) (Use additional sheets if necessary.)*

10. TERMINAL AREA SECURITY OFFICER *(TASO)*	a. NAME *(Last, First, Middle Initial)*	b. E-MAIL ADDRESS	c. E-MAIL Extention	d. DATE	e. SIGNATURE
11. DASC-O		a. E-MAIL ADDRESS ISSOmail@hq.dla.mil	b. E-MAIL Extention	c. DATE	c. SIGNATURE