

SECURE SPACE ACCREDITATION REQUEST FORM

Type of Accreditation Request:

Initial Accreditation: If a Secure Space is required to process, handle and/or discuss Classified

National Security Information (CNSI), this Secure Space Accreditation Request (SSAR) form shall first be submitted to the Office of Security (OSY) through the Field Servicing Security Office (FSSO). The SSAR establishes timelines for inspections of the Secure Space after construction has been completed.

Re-Accreditation: Re-Accreditation is required when there have been modifications or damage to the

structure of an accredited Secure Space affecting the integrity or if a change in usage of

Secure Space is requested.

De-Accreditation: At the direction of the Accrediting Official (AO), or if an accredited area is no longer

required, the responsible official of the Secure Space requests an accreditation withdrawal (De-accreditation) through the servicing FSSO. The Information Security Division (ISD) will coordinate verification that all Communications Security (COMSEC) components and system have been removed, transferred, and/or decommissioned.

Reference: Construction and Accreditation Standards for Secure Spaces (CASSS) Handbook 20-6-001 Email All Requests to OSY_NSI@doc.gov

| Section 1: General Information | | | | | | | |
|--------------------------------|---|------------------|--|--|--|--|--|
| a. | Organization: | Date of Request: | | | | | |
| b. | Address of Requested Secure Space (Must Include Room Number): | | | | | | |
| | Street: | City: | | | | | |
| | State: | Zip Code: | | | | | |
| C. | Responsible Official for Secure Space: | | | | | | |
| | Name: | Title: | | | | | |
| | Phone Number: | Email: | | | | | |
| d. | Alternate Responsible Official for Secure Space: | | | | | | |
| | Name: | Title: | | | | | |
| | Phone Number: | Email: | | | | | |
| e. | Type of Request: | | | | | | |
| | Category A: Closed Storage Only (Up to Top Secret) | | | | | | |
| | Category B: Classified Discussion (non-Amplified) | | | | | | |
| | Category C: Open Storage with non-Amplified and Amplified Discussion (Up to Top Secret) | | | | | | |

| f. | Level of CNSI to be Store | ed: Top Secret | Secret | N/A | | | | | |
|---|-------------------------------------|----------------------------|------------|-----|-------|-----|--|--|--|
| .lu | stification (Unclassified desc | | | • | | | | | |
| Justification (Unclassified description of mission needs and use of space): | | | | | | | | | |
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| Se | ection 2: Requested Cap | ahilities | | Ye | s No | N/A | | | |
| | | | | 10 | 3 110 | IVA | | | |
| a. | Secure Telecommunication | ns Device: Type (|) | | | | | | |
| | Remarks: | (2) - 2) | | | | | | | |
| b. | Secure Video Teleconferer | nce (SVTC): | | | | | | | |
| | Remarks: | | | | | | | | |
| C. | Co-Use Agreements (i.e.) F | ederal or other occupants: | | | | | | | |
| | Remarks: | | | | | | | | |
| d. | Other Capability (Such as | SIPRNet, etc.): | | | | | | | |
| | Remarks: | | | | | | | | |
| Other Remarks (If Applicable): | | | | | | | | | |
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| Section 3: Inspection Official | | | | | | | | | |
| Full Name: | | Signature: | | | | | | | |
| Title/Grade: | | | Bureau: | | | | | | |
| | | | | | | | | | |
| Date: Phone: | | Phone: | Email: | | | | | | |
| | | | | | | | | | |
| Section 4: Reviewing Authority (DOC ISD Use Only) | | | | | | | | | |
| Full Name: | | | Signature: | | | | | | |
| Title/Grade: | | | Doto | | | | | | |
| Title/Grade: | | | Date: | | | | | | |
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