**SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR) – JWICS Account**

**Complete this form in its entirety and submit electronically to** [**SECInformationSecurity@usaid.gov**](mailto:SECInformationSecurity@usaid.gov)

**The Privacy Act Statement is found at the end of this form.**

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| **Part I** (to be completed by the Requestor) | | | |
| Initial  Modify Click here to enter text.  Deactivate | | | |
| 1. Legal Name (Last, First, MI)   Click here to enter text. | 1. SSN   Click here to enter text. | | 1. Office Symbol   Click here to enter text. |
| 1. Phone Number   Click here to enter text. | 1. USAID E-mail Address   Click here to enter text. | | 1. Job Title   Click here to enter text. |
| 1. Employment Category   Direct Hire  Other Federal Agency: Click here to enter text.  PSC  Other: Click here to enter text.  Institutional Contractor (if checked, you must fill out the following information)  Contract Company: Click here to enter text.  Contract Number: Click here to enter text. Contract Expiration Date: Click here to enter text. | | | |
| **Part II** (to be completed by AMS & Bureau Chief/AA/Office Director) | | | |
| 1. Justification for Access   Click here to enter text. | | | |
| 1. AMS Officer Name   Click here to enter text. | 1. AMS Officer E-mail Address   Click here to enter text. | | 1. AMS Officer Phone Number   Click here to enter text. |
| 1. AMS Officer Signature & Date | | | |
| **Note: There is an annual cost of $6,000 associated with a JWICS account. By signing this request form, the Bureau/Independent Office agrees to reimburse the Office of Security annually for all costs incurred with this request.** | | | |
| 1. Bureau Chief/AA/Office Director Name   Click here to enter text. | 1. Bureau Chief/AA/Office Director E-mail Address   Click here to enter text. | | 1. Bureau Chief/AA/Office Director Phone Number   Click here to enter text. |
| 1. Bureau Chief/AA/Office Director Signature & Date | | | |
| **Part III** (to be completed by the Office of Security) | | | |
| 1. Clearance Level   Click here to enter text. | | 1. Date Clearance Granted   Click here to enter text. | |
| 1. Verified by (Last, First, MI)   Click here to enter text. | | | |
| 1. Verifier Signature & Date | | | |
| **Part IV** (to be completed by the Office of Security, CTIS Division Chief) | | | |
| 1. Request   Approved  Denied | | | |
| 1. SEC/CTIS Division Chief (Last, First, MI)   Click here to enter text. | | | |
| 1. SEC/CTIS Division Chief Signature & Date | | | |
| **Part V** (to be completed by the Office of Security) | | | |
| 1. Submitted to SSO Portal By (Last, First, MI)   Click here to enter text. | | 1. Date Request Submitted to SSO Portal   Click here to enter text. | |
| 1. Issuance Date of JWICS Account   Click here to enter text. | | 1. Set-up/Log-In Date for Subject   Click here to enter text. | |

**Privacy Act Statement**

**Authorities:** E.O 10450 Security Requirements for Government Employment, as amended; E.O. 13526 Classified National Security Information; E.O. 9397 Numbering System for Federal Accounts Relating to Individual Persons, as amended, for the Social Security Number (SSN).

**Purpose:** This form collects your personal information to determine whether you are eligible for access to classified information in a JWICS account.Your SSN will be used to identify you precisely when it is necessary to certify that you have access to the classified information or to determine that your access to the classified information had been terminated.

**Routine Uses:** The personal information is used to determine your eligibility for access to classified information through a JWICS account. This information will be shared outside USAID pursuant to the routine uses in the Privacy Act and USAID–8 Personnel Security and Suitability Investigations Records.

**Disclosure:** Furnishing your SSN, as well as other personal information, is voluntary; however, failure to do so may delay or prevent you from being granted access to classified information.