

Annex D – Access Control Form (CCO Net)

APPLICANT

Surname		Given Name(s)		Common/Preferred Name	
SN or PRI	Rank	Home Telephone		Daytime Telephone	

UNIT

UIC	Unit Name	Appointment / Position
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SPECIAL ACCESS REQUIRED

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Web Content Management System (WIM) (Author) | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Other (Specify): _____ | <input type="checkbox"/> Staff Cadet |

USER ATTESTATION

1. I shall only use the CCO Net and its applications in direct support of authorized activities and in accordance with CATO 12-41;
2. I acknowledge that the CCO Net is authorized to process, store and transmit up to Protected A level information, and accordingly I shall only introduce information that is Protected A or below;
3. I shall not do any of the following without the explicit written authorization of the ISSO:
 - a. Introduce, produce or modify IT executable instructions, including software, command procedures, and configurations;
 - b. Add, move or change communications equipment or IT assets; and/or
 - c. Move or remove any hardware, communications, or software items from DND property (either temporarily or permanently).
4. I will not disclose or share any user-IDs, passwords, and/or access control items;
5. I shall not allow unauthorized persons access to the system resources;
6. I shall immediately report all security incidents to my service desk who will advise the applicable ISSO;
7. I shall observe all restrictions which limit my access to specific locations, times, systems, files and programs;
8. I shall respect all copyright and licence agreements for all software and data;
9. I shall not connect unauthorized devices, including non-issued USB and/or personal communication devices to CCO Net assets;
10. I understand that DND IS can and will be monitored to ensure compliance with applicable rules and regulations; and
11. I understand that any violation of the spirit or intent of the rules and regulations can lead to administrative or disciplinary action.

By signing I confirm that I have read and understood the CCO Net Security Orders, CATO 12-40, CATO 12-41 and any applicable regional orders, and I shall comply with the stated rules and regulations.	_____ Applicant Signature	_____ Date
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INTERNAL USE ONLY

User ID	Security Clearance	Expiration
Processed By		Date
ISSO Approval		Date

The procedure for submitting this form is included in paragraphs 40 through 42 of the CCO Net Security Orders.