ACAM – DD Form 2875 Instructions & Explanation

Instructions for completing DD Form 2875:

- 1) Fill in all required information
- 2) The Government Air Quality representative for the facility will complete boxes 18, 18a, and 18b.
- 3) Send the completed form for approval to <u>ACAM@solutioenv.com</u> and CC the following:

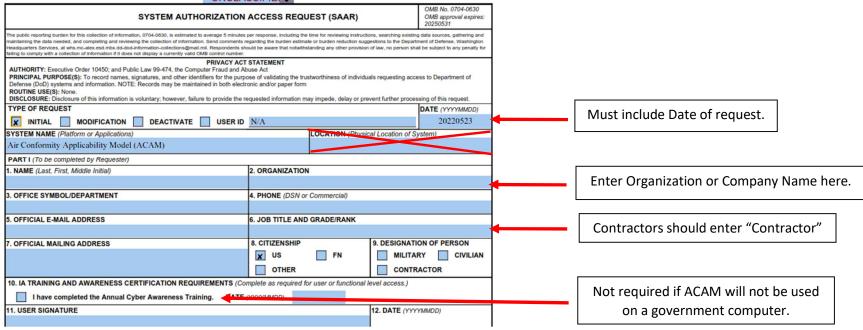
Frank Castaneda, III, P.E., GS-14, DAF

HQ AFCEC/CZTQ; Air Quality Subject Matter Expert

Email: francisco.castaneda@us.af.mil

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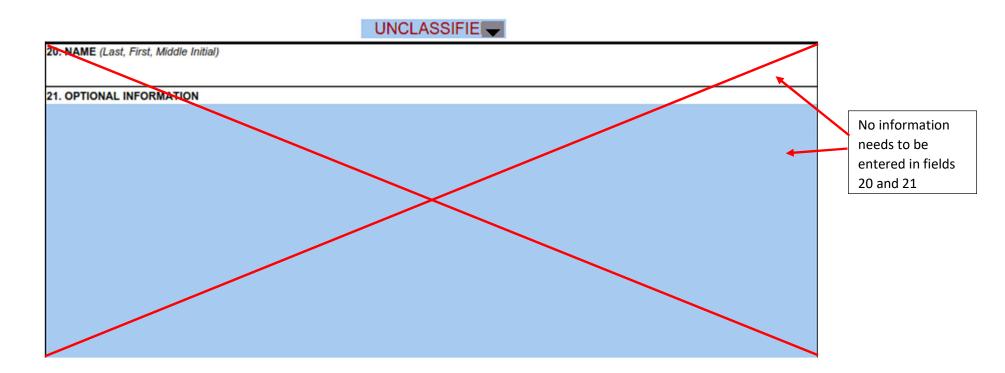
Note: If the link to download ACAM is not received via email within 5 business days, then please contact Solutio Environmental, Inc. at (210) 749-7000

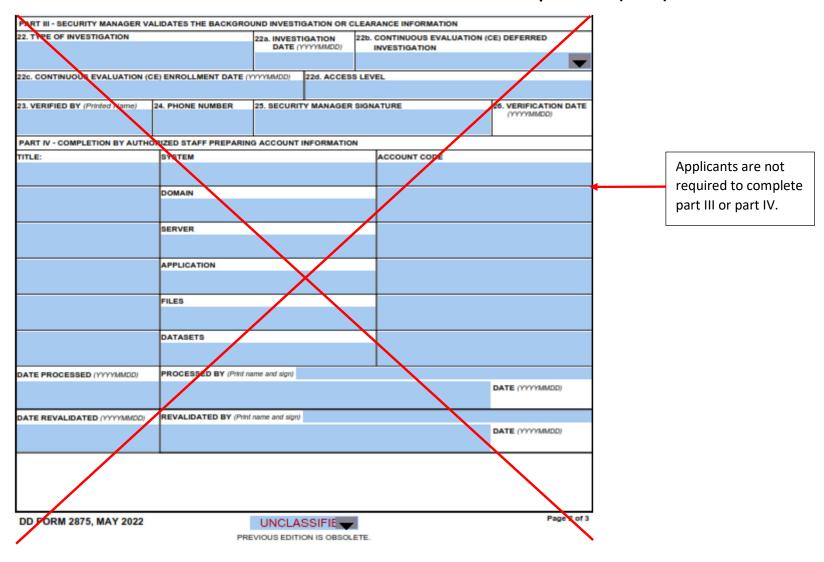


ACAM – DD Form 2875 Instructions & Explanation (cont.)

PART II ENDORSEMENT OF ACCESS BY INFORMATIO	N OWNER, USER SUPERVISOR OR GOVERNMENT SI	PONSOR	
(If individual is a contractor - provide company name, contr	act number, and date of contract expiration in Block 16.)		
13. JUSTIFICATION FOR ACCESS			
For Contractors performing Air Quality work for the Air Force:			Provide detailed
			justification.
Facility working for:			-
Contract Title: Contract Number:			
Contract Number: Contract Service Agency:			
e			
14. TYPE OF ACCESS REQUESTED			
X AUTHORIZED PRIVILEGED			
15. USER REQUIRES ACCESS TO: X UNCLASSIF	IED CLASSIFIED (Specify category)		
OTHER			
16. VERIFICATION OF NEED TO KNOW	16a. ACCESS EXPIRATION DATE (Contractors must s	specify Company Name, Contract Number,	
I certify that this user requires	Expiration Date. Use Block 21 if needed.)		Contractors enter their
access as requested.			company name here.
17. SUPERVISOR'S NAME (Print Name)	17a. SUPERVISOR'S EMAIL ADDRESS	17b. PHONE NUMBER	
17c. SUPERVISOR'S ORGANIZATION/DEPARTMENT	17d. SUPERVISOR SIGNATURE	17e. DATE (YYYYMMDD)	
			The Air Quality government
			representative of the facility
18. INFORMATION OWNER/OPR PHONE NUMBER	18a. INFORMATION OWNER/OPR SIGNATURE	18b. DATE (YYYYMMDD)	who is responsible for ACAM
			must be the one who
			authorizes you access to
19. ISSO ORGANIZATION/DEPARTMENT	19b. ISSO OR APPOINTEE SIGNATURE	19c. DATE (YYYYMMDD)	ACAM by completing blocks:
	-		18, 18a, 18b. Completed by
19a. PHONE NOMBER			
DD FORM 2875, MAY 2022	UNCLASSIFIE	Page 1 of 3	SME, Frank Castaneda.
	PREVIOUS EDITION IS OBSOLETE.		
			ACAM PMO representative
			will sign here after you have
			submitted your request.

ACAM – DD Form 2875 Instructions & Explanation (cont.)





ACAM – DD Form 2875 Instructions & Explanation (cont.)