

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 ACAM@solutionenv.com and CC the following:

Joan Kuecker, Physical Scientist, GS-14, DAF

HQ AFCEC/CZTQ; Air Quality Subject Matter Expert

Email: joan.kuecker.1@us.af.mil

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

UNCLASSIFIED	
SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)	
OMB No. 0704-0630 OMB approval expires: 20250531	
<p>The public reporting burden for this collection of information, 0704-0630, is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>	
<p>PRIVACY ACT STATEMENT AUTHORITY: Executive Order 10450; and Public Law 99-474, the Computer Fraud and Abuse Act PRINCIPAL PURPOSE(S): To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form. ROUTINE USE(S): None. DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.</p>	
<p>TYPE OF REQUEST</p> <p><input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> USER ID <u>N/A</u> DATE (YYYYMMDD) <u>20220523</u></p>	
<p>SYSTEM NAME (Platform or Applications) Air Conformity Applicability Model (ACAM)</p> <p>LOCATION (Physical Location of System)</p>	
<p>PART I (To be completed by Requester)</p>	
1. NAME (Last, First, Middle Initial)	2. ORGANIZATION
3. OFFICE SYMBOL/DEPARTMENT	4. PHONE (DSN or Commercial)
5. OFFICIAL E-MAIL ADDRESS	6. JOB TITLE AND GRADE/RANK
7. OFFICIAL MAILING ADDRESS	8. CITIZENSHIP
	<input checked="" type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> OTHER <input type="checkbox"/> CONTRACTOR
<p>9. DESIGNATION OF PERSON</p>	
<p>10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.)</p> <p><input type="checkbox"/> I have completed the Annual Cyber Awareness Training. DATE (YYYYMMDD) <u>20220523</u></p>	
11. USER SIGNATURE	12. DATE (YYYYMMDD)

Must include Date of request.

Enter Organization or Company Name here.

Contractors should enter "Contractor"

Not required if ACAM will not be used on a government computer.

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

PART II ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR <i>(If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)</i>		
13. JUSTIFICATION FOR ACCESS For Contractors performing Air Quality work for the Air Force: Facility working for: Contract Title: Contract Number: Contract Service Agency:		
14. TYPE OF ACCESS REQUESTED <input checked="" type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED		
15. USER REQUIRES ACCESS TO: <input checked="" type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED <i>(Specify category)</i> _____ <input type="checkbox"/> OTHER _____		
16. VERIFICATION OF NEED TO KNOW <input type="checkbox"/> I certify that this user requires access as requested.	16a. ACCESS EXPIRATION DATE <i>(Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 21 if needed.)</i>	
17. SUPERVISOR'S NAME <i>(Print Name)</i>	17a. SUPERVISOR'S EMAIL ADDRESS	17b. PHONE NUMBER
17c. SUPERVISOR'S ORGANIZATION/DEPARTMENT	17d. SUPERVISOR SIGNATURE	17e. DATE (YYYYMMDD)
18. INFORMATION OWNER/OPR PHONE NUMBER	18a. INFORMATION OWNER/OPR SIGNATURE	18b. DATE (YYYYMMDD)
19. ISSO ORGANIZATION/DEPARTMENT	19b. ISSO OR APPOINTEE SIGNATURE	19c. DATE (YYYYMMDD)
19a. PHONE NUMBER		

Provide detailed justification.

Contractors enter their company name here.

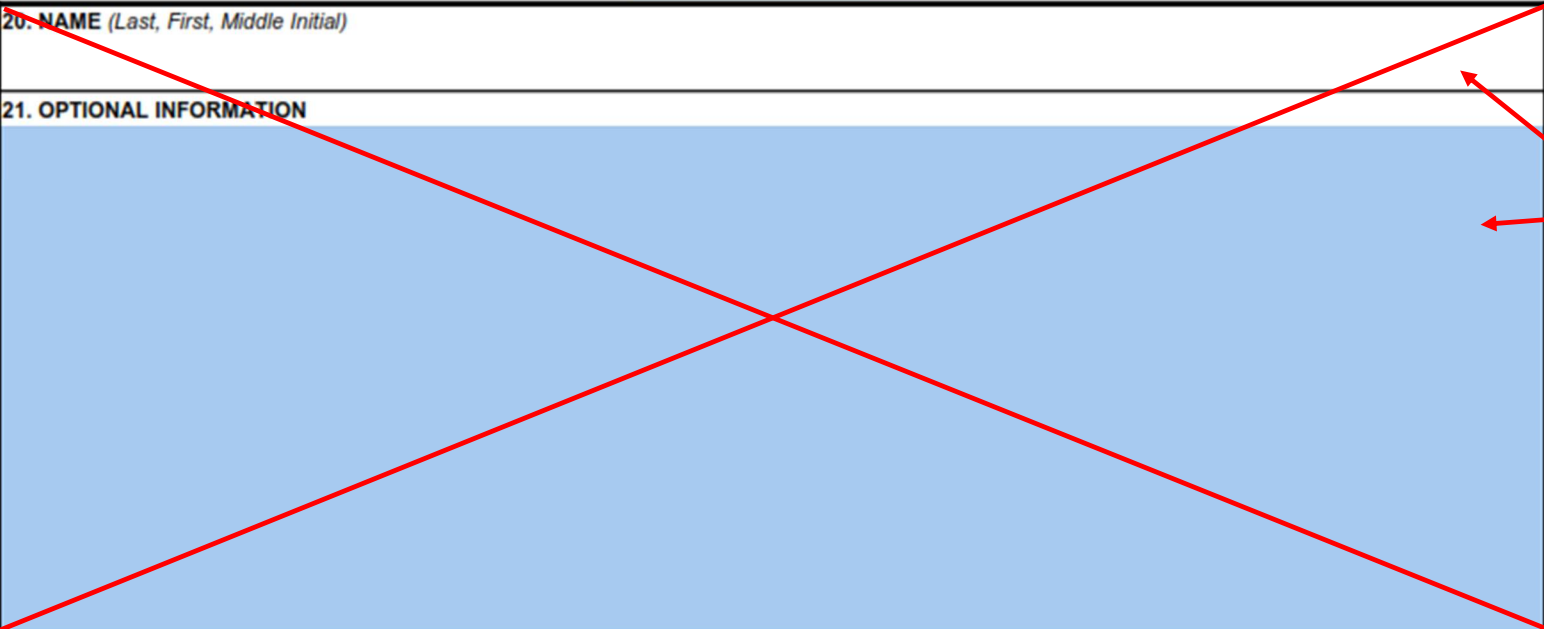
The Air Quality government representative of the facility who is responsible for ACAM must be the one who authorizes you access to ACAM by completing blocks: 18, 18a, 18b. Completed by SME, Joan Kuecker.

ACAM PMO representative will sign here after you have submitted your request.

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20. NAME (Last, First, Middle Initial)
21. OPTIONAL INFORMATION



No information needs to be entered in fields 20 and 21

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PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION			
22. TYPE OF INVESTIGATION		22a. INVESTIGATION DATE (YYYYMMDD)	22b. CONTINUOUS EVALUATION (CE) DEFERRED INVESTIGATION
			▼
22c. CONTINUOUS EVALUATION (CE) ENROLLMENT DATE (YYYYMMDD)		22d. ACCESS LEVEL	
23. VERIFIED BY (Printed Name)	24. PHONE NUMBER	25. SECURITY MANAGER SIGNATURE	26. VERIFICATION DATE (YYYYMMDD)
PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION			
TITLE:	SYSTEM	ACCOUNT CODE	
	DOMAIN		
	SERVER		
	APPLICATION		
	FILES		
	DATASETS		
DATE PROCESSED (YYYYMMDD)	PROCESSED BY (Print name and sign)		DATE (YYYYMMDD)
DATE REVALIDATED (YYYYMMDD)	REVALIDATED BY (Print name and sign)		DATE (YYYYMMDD)

Applicants are not required to complete part III or part IV.