

## National Industrial Security Program (NISP) Enterprise Mission Assurance Support Service (eMASS) System Authorization Access Request (SAAR) Instructions

## **Type of Request:**

- ☐ Initial.
  - ✓ Check box if this is the first eMASS account request or if the current eMASS account needs to be reactivated.
- ☐ Modification.
  - ✓ Check this box if you have an eMASS account but require a modification to the eMASS user role.
- □ Deactivate.
  - ✓ Check this box if you are requesting an eMASS account be deactivated.

**Request Date.** Provide the date of the request

## System Name (Platform or Applications)

NISP-Enterprise Mission Assurance Support Service (eMASS)

**PART I:** The following information is provided by the user when establishing or modifying their eMASS account.

- 1. Name: User's last name, first name, and middle initial
- 2. **Organization:** Company name.
- 3. LEAVE BLANK
- 4. **Phone:** Office phone number.
- 5. **Official E-mail Address**: User's official e-mail address
- 6. Job Title/Grade/Rank: User's job title
- 7. **Official Mailing Address:** Facility address
- 8. **Citizenship:** User's citizenship status (US, Foreign National, or other)
- 9. **Designation of Person:** Contractor
- 10. **IA Training and Awareness Certification Requirements**: User must indicate if he/she has completed the Annual Information Awareness Training and provide the date of completion. **User must provide training certificate to the SAAR form.**

11. User's Signature: User must sign the SAAR.

**PART II:** The information below requires endorsement from the user's FSO.

- 13. **Justification for Access**: In this section, provide Cage Code, Assigned ISSP, and Role information. Please see below:
  - a. CAGE Code(s): List **ALL** Cage Codes within your area of responsibility/oversight.
  - b. Identify assigned ISSP (First and Last Name) and Contact Information.
  - c. Identify Role(s) in eMASS. Select all that apply:
    - i. IAM (ISSM)
    - ii. Artifact Manager
    - iii. User Rep

Note: The information above MUST be entered in the Justification for Access section.

## Role Clarification

*IAM (ISSM) - Permission to register system, assess, edit and modify the security controls and artifacts.* 

Artifact Manager – View-only permissions, but can also create, edit, and delete artifacts related to an assigned record.

User Rep- View Only permission.

- 14. **Type of Access Required**: ✓ Select the **Authorized** check box.
- 15. User Requires Access To: ✓ Select the Unclassified check box.
- 16. LEAVE BLANK
- 17. **Supervisor's Name:** FSO First and Last Name.
- 18. **Supervisor's Signature:** FSO must sign the SAAR.
- 19. Date: YYYYMMDD
- 20. Supervisor's Organization/Department: FSO's Organization/Department
- 21. LEAVE BLANK
- 22. **Signature of IAO or Appointee:** Completed by NISP Authorization Office (NAO).
- 23. **Organization/Department:** Completed by NAO.
- 24. **Phone Number:** Completed by NAO.
- 25. **Date:** Completed by NAO.