**MEMORANDUM FOR:** DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY

27130 Telegraph Rd., Quantico, VA 22134

**ATTENTION:** Defense Central Index of Investigations (DCII) Program Manager, National Background Investigative Services​ (NBIS)

**SUBJECT:** Request a New DCII Agency Site or Modify Existing Site Permissions

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| --- | --- |
| **Agency Name:**As listed on letterhead |  |
| **Agency Address:** |  |
| **Points of Contact Name/Title/Level :**Provide two |  |
| **Points of Contact Phone / Email:** |  |
| **Justification for Access to DCII:** Indicate your agency’s mission for using DCII along justifications for permissions requested below  |  |

**Agency Permissions:** Select permissions and/or functions that are in line with your agency’s mission for using DCII. For account modifications, provide all required permissions:

[ ]  Search (Query) [ ]  Add [ ]  Delete

[ ]  Update [ ]  File Demand [ ]  File Demand (Print)

For File Demand and File Demand Print Only: Please provide an accreditation code for your agency:

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| --- |
|  |
| **Agency Head Name:** |
|  |
| **Agency Head Title:**  |

**New DCII Agency Request Form (ARF) Instructions**

Follow the instructions below when completing the new DCII Agency Request Form (ARF). Errors and inaccurate information may result in rejection.

1. Complete the top section with your agency information: Name, Department and Address.

 **NOTE:** If feasible, copy from ‘Memorandum For’ line to ‘Agency Head Title’ and paste the text into a new document with your agency’s letterhead, then complete the ARF. This is the preferred method to ensure validation of the requesting agency.

1. Complete all fields listed on the request form. The agency Name and Address are required fields and are used to validate the request.
2. Provide 2 Points of Contact (POC) for the agency being requested. Separate the Names, Titles and level (GS-14 or equivalent) for each with a semi-colon “**;**“

 **Example:** Joe Smith/Primary POC GS-14**;** Jane Smith/Secondary POC GS-15

1. Separate the POCs Phone number and Emails with a semi-colon “**;**“

 **Example:** 888-555-1212, joe.smith@sample.com **;** 888-555-2323, jane.smith@sample.com

1. Complete the justification section by providing the reason(s) your agency needs to use DCII.
2. Select the permissions/functionality your agency requires to complete its mission using DCII.
	* If you are requesting modifications to current agency permissions, please provide all permissions now required by your agency. Be certain to justify the need for any new permission(s) you list.
3. Provide the Agency's Director/Head or delegate name, title, and signature. Delegates must be GS-14 grade (or military equivalent) or higher.
4. To digitally sign the document, double click next to the ‘X’, click ‘Sign’, and select a digital certificate.

Note:

A digitally-signed New Agency Request Form is preferred over a wet signature. If a digital signature is not possible a wet signature may be acceptable under the following conditions:

1. Have the Agency Director/Head wet sign the New Agency Request Form.
2. Scan the document into a PDF formatted file.
3. Send a digitally signed email with the completed form to the DCSA Customer Engagements Team (CET) at: dcsa.ncr.nbis.mbx.contact-center@mail.mil.

New Agency Request Forms that are not digitally signed or not attached to digitally signed email in PDF format (scanned we signature) will be rejected.

Send all inquiries regarding the ARF to the DCSA Customer Engagements Team (CET) at dcsa.ncr.nbis.mbx.contact-center@mail.mil.