

## MOBILITY SYSTEM PLAN

### For the Movement of a Classified System:

Facility  
Address  
City, State Zip Code

Date of Mobility System Plan  
Revision Number

### A. Introduction

This plan outlines the procedures for the transporting of classified system equipment between [Facility] and various sites as listed in the Mobility System Plan (provided as a supporting artifact to the system security authorization package).

### B. Description of Equipment

Equipment consists of computers, components, and test equipment to be used in support of field tests, flight test, customer reviews, and meetings.

*Instruction: Provide a list of equipment.*

### C. Identification of Participating Government and Cleared Contractor Representatives

- Facility
- Name of ISSM
- Address
- Contact information
- Local Defense Security Service Representative
- System Name
- Address
- Contact information

### D. Movement

Movement of the equipment will originate from [Facility]. Equipment will be transported to various sites listed in the Mobility System Plan. The Mobility System Plan will include details regarding the site's physical environment. The ISSM will notify the DSS Representative prior to

movement of the system to or from any off-site location. All equipment will be shipped either as classified at system authorization level or downgraded to an unclassified state, security seals affixed. All remaining classified components will be properly shipped or hand carried.

### **E. Notification of Transportation**

The ISSM will be notified of the upcoming movement as early as possible. The following information must be provided:

- Program name
- Classification
- Will the shipment contain hazardous material? If so, provide a Material Safety Data Sheet (MSDS) or an Intent to Hand Carry letter from the customer.
- Size and weight of equipment
- Who owns the equipment? Is it Government Furnished Equipment (GFE)?

### **F. Hand Carry (Courier)**

This must be authorized by the FSO and/or designated security representative. Each courier must be identified by name, title, as well as the name of the program being supported. Flight itinerary and vehicle rental information must be provided. Couriers must be cleared at the appropriate level and be thoroughly briefed on their security responsibilities. Each courier will be issued a Courier Authorization” and will be provided emergency telephone numbers.

### **G. Responsibilities of Receiving Facility**

The recipient organization must notify the dispatching organization and [Facility] of the following:

- Security relevant problems that occur.
- Discrepancies in the documentation or equipment.

**Mobility System Form** (To be used when releasing system to government activity or test site.)

CLEARED CONTRACTOR LETTERHEAD

[DATE]

FROM: [ISSM]

TO: [Name of Government Site POC/Address]

SUBJECT: Relocation of DSS Authorized System [System Name] from [Company Name] to [User Agency Site or Test-Site].

On [Authorization Date], the system identified as [System Name] located at [Company Name and Address] was authorized to process classified information at the [Level of Classified Information] level by the Defense Security Service (DSS) in accordance with the National Industrial Security Program Operating Manual (NISPOM). A copy of the authorization letter is attached for your review.

[Company Name] has a requirement in conjunction with [Contract Number] with [IO] to relocate the above to [Government Site or Test-Site] in order to process classified information for [Purpose]. During the period when this will be resident at [Name of Government Site, Test Site, or Installation, etc.], your activity must assume cognizance for the security of the system. Any movement of an authorized system outside of the DSS-approved area changes the original intent of DSS authorization.

Prior to the above system being relocated to your site, an authorized official of [Site Name] must sign this letter and return it to the address provided. Your authorized official's signature will represent your organization's concurrence to accept the risk associated with moving a system and security cognizance for the above-specified system while it will be located at your site and under your jurisdiction. [Name of Cleared Contractor] anticipates the system will be removed from [Site Name], and consequently your jurisdiction, by [Approximate Time of Removal and Location to Which the System Will be Subsequently Relocated].

If you have questions or would like to discuss this, please contact [Cleared Contractor POC] at [Telephone Number] or by e-mail at [e-mail].

Sincerely,

[ISSM's Signature]

[ISSM's Name]

[Title/Company]

Attachments: DSS Authorization Letter

Copy to: [Cognizant DSS ISR]

CONCURRENCE:

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(Name/Title of Government Authorized Official)

### Authorized Alternate Site Locations

Alternate Site	Point of Contact
A. Location  Operating Environment  <input type="checkbox"/> Restricted Area <input type="checkbox"/> Closed Area	Contact Name: Phone: Phone: Fax: Cell: E-mail:
B. Location  Operating Environment  <input type="checkbox"/> Restricted Area <input type="checkbox"/> Closed Area	Contact Name: Phone: Phone: Fax: Cell: E-mail:

### Authorized Sites for Mobile Processing

Mobile Site Information	Point of Contact
A. [Facility]  Type of Site:  <input type="checkbox"/> Contractor <input type="checkbox"/> Government	Contact Name: Phone: Phone: Fax: Cell: E-mail: Shipping Method and Instructions:
B. [Facility]  Type of Site:  <input type="checkbox"/> Contractor <input type="checkbox"/> Government	Contact Name: Phone: Phone: Fax: Cell: E-mail: Shipping Method and Instructions:
C. [Facility]  Type of Site:  <input type="checkbox"/> Contractor <input type="checkbox"/> Government	Contact Name: Phone: Phone: Fax: Cell: E-mail: Shipping Method and Instructions:

## System Component Information Form

[Facility Information]	System/Component Information		[System Identification]
<p>To relocate a system approved for Mobile Processing, this form must be completed and submitted by the Information System Security Manager (ISSM) to the local DSS Industrial Security Representative (IS Rep) prior to Shipment. The owning ISSM must coordinate the movement through the local IS Rep anytime the system is relocated. The ISSM must receive concurrence from the gaining ISSM/IO in writing prior to shipment accepting responsibility for the system or components being relocated.</p>			
Program:		Contract Number:	
<b>Owning Facility Contact Information</b>			
ISSO	Telephone	Fax	E-mail
Alternate ISSO	Telephone	Fax	E-mail
ISSM	Telephone	Fax	E-mail
<b>Relocation Site Information</b>			
Government Site <input type="checkbox"/>	Contractor Site <input type="checkbox"/>	Gaining Facility Name:	
Address		City	State      Zip
Specific Processing Location (Bldg/Room)		Cage Code	
Security Office Point of Contact (FSO/IO/ISSM)		Telephone	Fax      E-mail
DSS ISR Name		Telephone	
Program Point of Contact		Telephone	
Duration of Visit – Date from:	Date to:	Shipping Date (mm/dd/yy)	
<b>Authorization to process at the relocation site</b>			
The following documentation is provided authorizing classified processing at the relocation site.			
	Yes	No	Comment
Contractual Relationship	<input type="checkbox"/>	<input type="checkbox"/>	
Technical Instruction	<input type="checkbox"/>	<input type="checkbox"/>	
Statement of Work	<input type="checkbox"/>	<input type="checkbox"/>	
Provisions within Special	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Relocation Site Activities		
Will the equipment be moving from the contractor facility to a government location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how will the equipment be handled? Will the equipment leave possession of the contractor? <i>(Note: Provide details in the Mobility System Plan)</i>		
Does the equipment return to the contractor facility when not in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
System Connection Requirements		
If the relocation site is another contractor facility, will the system be connected to the gaining facility's network?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the connection authorized by DSS? Provide details of authorized connection, to include ISA. <i>(Note: Provide details in the Mobility System Plan)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the system be connected to the gaining facility's network (if government site)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Privileged User Information /Relocation Site ISSO					
Users Identified Below have been Briefed/Trained and are Responsible for Conducting Weekly Audits and Antivirus Updates.					
Relocation Site ISSO Name	Privileged Account	Briefing/Training Date	Briefed by Name		
Relocation Site Alternate ISSO Name	Privileged Account	Briefing/Training Date	Briefed by Name		
IS System or List of Components being Moved to the Relocation Site					
Quantity	Make/Model	Serial Number	Memory	Non-volatile	Method of Sanitization

*Note: The Mobility System Plan Template is intended as a guideline. Industry will need to adjust the plan to meet their specific requirements and comply with any additional and/or contractual requirements.*