

Access Approval Authority Appointment Document

Ref: (a) DMC-MECH Director's Policy 96-13

ACTIVITY (*full name, please*)

MAILING ADDRESS

Street

City

State

Zip

AAA FULL NAME:

First

Middle

Last

Fax No.

Internet/E-mail

Phone No.

DSN

1. You are hereby appointed as the Access Approval Authority (AAA) for the DMC-MECH Automated Information System (AIS) registration. As the AAA, you will adhere to the requirements of reference (a) in carrying out your responsibilities.
2. As the AAA, you will be the point of contact in support of all AIS security functions between and the DMC-MECH. (Activity)

Signature of Appointing Official

AAA ENDORSEMENT

1. I hereby acknowledge and accept the responsibilities of my appointment as the AAA for

(Activity)

Signature

Date

DESIGNATED ALTERNATE AAA

FULL NAME

First

Middle

Last

Phone No.

DSN

Signature

Date