

Cyber COI Classified Roadmap Request Form

PART 1: REQUESTOR INFORMATION

Dr. Ms. Mr. Military Rank _____ Paper Copy
Name: _____ CD/DVD*
(First) (Last)
Business Phone #: _____ Email: _____
Business/Organization: _____
Business/Organization Address: _____
City: _____ State: _____ Zip Code: _____
SIPR Email: _____ (*preferred distribution method if available*)

PART 2: NEED-TO-KNOW CERTIFICATION

REQUIRED FOR ALL CONTRACTORS. Not Applicable to Government or Military Personnel.

STATEMENT – Certification is made herewith that the above named individual has the requisite need-to-know for receiving the classified Cyber Communities-of-Interest (COI) roadmap briefing.

Name of Government Contracting Officer (CO) / Contracting Officer's Technical Representative (COTR)

(First) (Last) CO
Signature of Contracting Officer or Contracting Officer's Technical Representative COTR

Date: _____
Agency: _____ Phone #: _____
Contract #: _____ Exp Date: _____

PART 3: FACILITY INFORMATION

Classified Mailing Address: _____
Organization/Division Attn/Mail Code

Street Address/PO Box City, State, Zip Code

FOR CONTRACTORS ONLY

CAGE CODE: _____ Storage Level (min SECRET): _____
Security Officer's Name: _____
Security Officer's Phone #: _____ Email: _____

**CD/DVD format requires an approved AIS at the S//NF level for the contract number cited.*