

**Welcome to the
Security Cooperation Information Portal (SCIP)
U.S. Government Employees and Contractor personnel**

To obtain access to the SCIP, please do the following:

- 1) Ensure that your current Internet Browser (Microsoft Internet Explorer (preferred), Netscape, etc.) can process JavaScript and session "cookies". (Note: If you cannot perform these functions, you will not be able to access portal information effectively!) See your local Network/Security Administrator, if necessary, for help with adjustments to these settings.
- 2) Complete this Cover Sheet and the two page attached form. Please note that these forms may be completed either electronically, or manually. However, for security reasons, they must be printed after completion, and all must be signed by the authorized representative(s) indicated on the form.
- 3) The completed form sections and this cover sheet should be sent via Fax transmission to the number below, after the information boxes below are filled.

If you have any other questions, or require additional information, please contact the SCIP access administrator at the following e-mail address: sciphelp@dsadc.dsca.mil

Thank You!

Fax To: SCIP ACCESS ADMINISTRATOR DEFENSE SECURITY ASSISTANCE DEVELOPMENT CENTER (DSADC) 5450 CARLISLE PIKE BUILDING 107N MECHANICSBURG, PA. 17055 Voice Phone Numbers: DSN 430-9284 Commercial (717) 605-9284 Fax Numbers: DSN 430-9319 Commercial (717) 605-9319

Date: _____
Number of pages, including this cover sheet: _____

From: _____ _____ _____ _____ Voice Phone Number: _____ Fax Number: _____
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SECURITY COOPERATION INFORMATION PORTAL (SCIP)		
I. USER REQUEST INFORMATION		
<i>(To be completed by USG Employee/Contractor Only!)</i>		
1. First Name :	7. Phone:	
2. Middle Initial :		
3. Last Name:	8. FAX:	
4. Job Title:		
5. Organization/Department:		
6. Grade/Rank:	9. E-mail Address:	
10. Mailing Address:		
11. Citizenship? U.S. <input type="checkbox"/> Other <input type="checkbox"/> If Other, what country?		
12. If US, are you an agent of, or employed by a Customer Country? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what country?		
13. User is a non-DoD U.S. Government Employee? Yes <input type="checkbox"/> No <input type="checkbox"/>		
14. User is a U.S. Department of Defense/MILDEP Employee? Yes <input type="checkbox"/> No <input type="checkbox"/>		
15. User is employed by a Commercial Contractor or other non-U.S. Government entity? Yes <input type="checkbox"/> No <input type="checkbox"/>		
16. Do you possess a DOD PKI Encryption Certificate ? Yes <input type="checkbox"/> No <input type="checkbox"/>		
STATEMENT OF ACCOUNTABILITY		
I understand my obligation to protect my password. I assume the responsibility for data and the system to which I am granted access. I will not exceed my authorized access.		
17. USER'S SIGNATURE:		
STATEMENT OF BACKGROUND INVESTIGATION		
(To be completed by the user's Security Manager or a person that can verify that the portal user is officially accredited for portal access.)		
I certify that this user has, at a minimum, an Agency background check.		
18. NAME OF VERIFIER (PRINTED):		
19. SIGNATURE OF VERIFIER:	20. Phone No.	
STATEMENT OF PERMISSIONS		
I certify, on behalf of my agency, that the above named user is authorized access to the Security Cooperation Information Portal.		
21. NAME OF SUPERVISOR or SAO Token Administrator(PRINTED):		
22. SIGNATURE OF SUPERVISOR or SAO Token Administrator:		
23. If this form is registering a token, please include the 8 digit number engraved on the reverse side of the Token Card/Fob above the card expiration date. TOKEN CARD SERIAL NUMBER:		
24. ORG/DEPT:	25. Phone No.	26. Today's Date

II. CASE MANAGEMENT ACCOUNT OPTIONS		
USER'S NAME (PLEASE PRINT):		
Queries		
User should have Query access to the following:		
COUNTRY level <input type="checkbox"/>	CASE/PAYMENT SCHEDULE level <input type="checkbox"/>	CASE LINE level <input type="checkbox"/>
REQUISITION level <input type="checkbox"/>	SDR level <input type="checkbox"/>	EXTRACT of ALL REQUISITIONS <input type="checkbox"/>
Inputs		
User should have the capability to input the following:		
Requisitions <input type="checkbox"/>	Requisition Cancellation Requests <input type="checkbox"/>	Requisition Modification Requests <input type="checkbox"/>
Requisition Follow-Ups <input type="checkbox"/>	Requisition Narrative Text Messages <input type="checkbox"/>	SDRs <input type="checkbox"/>
UPLOAD Batch Transactions <input type="checkbox"/>	Freight Tracking Receipt and/or Forwarding Transactions <input type="checkbox"/>	
Freight Tracking in-country Receipt Transactions <input type="checkbox"/>	Freight Tracking <u>Reparable</u> Receipt and Shipment Transactions <input type="checkbox"/>	
Other Miscellaneous Features		
User should have access to: (Please select just ONE of the following seven options)		
1 <input type="checkbox"/> ALL FMS Case-level Information, regardless of the managing U.S. Service.		
2 <input type="checkbox"/> ALL FMS Case-level Information, except National Security Agency (NSA) managed cases.		
3 <input type="checkbox"/> U.S. Army-managed FMS Case-level Information, (CISIL and NSA cases).		
4 <input type="checkbox"/> U.S. Army-managed FMS Case-level Information, except NSA managed cases.		
5 <input type="checkbox"/> U.S. Air Force-managed FMS Case-level Information, (SAMIS/CMCS and NIMA).		
6 <input type="checkbox"/> U.S. Air Force-managed FMS Case-level Information, except NIMA managed cases.		
7 <input type="checkbox"/> U.S. Navy-managed FMS Case-level Information, (MISIL/STARS).		
User should be restricted to one of these Customer Service Codes within the Country(ies):		
(Please select ONE or MORE of the following options)		
(A) All Customer Services <input type="checkbox"/>	(B) Army <input type="checkbox"/>	(D) Air Force <input type="checkbox"/> (K) Marine Corps <input type="checkbox"/>
(P) Navy <input type="checkbox"/>	(T) Other <input type="checkbox"/>	
User's access should be restricted to a particular Country or Countries.		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, list country(ies) here:		
User should have access to only a specific case or a list of cases.		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, list those cases here, ensuring that you provide the Country Code, Implementing Agency Code, and Case Designator Code for each – e.g. BN-B-ABC)		

Name of Supervisor/SAO Token Administrator (Typed or Printed): _____

Signature of Supervisor/SAO Token Administrator: _____

Today's Date: _____