

Commander, U.S. Naval Forces Japan / Commander, Navy Region Japan Request for Government Mobile Communication Device

Privacy Act Statement

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 131 Principal Purposes(s): Identifies the user of the mobile communication device as receiving usage and security awareness training governing use of the device and agreeing to use the device in accordance with security and wireless device policies. This information is used for inventory control of the device and to verify compliance with DoD requirements regarding accountability of information processing systems, and provides emergency contact information on the user in the event the device becomes lost, stolen, otherwise compromised, or requires a reconfiguration due to security policy changes.

ROUTINE USE(S): None

DISCLOSURE: Failure to provide the requested information will result in delays in issuance of a mobile communication device.

PART I - USER INFORMATION

Smart Phone:	Cellular Phone:	Air Card:	Other:
Last Name:	First Name:	Office/Code:	
Grade/Rank:	Office Phone Number:		
Command:			

QUALIFICATION CRITERIA *(To be completed by Regional CIO N6)*

Command Staff:	Essential Emergency:	Key:	Special Requirement:
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PART II - JUSTIFICATION STATEMENT

State why a government mobile communication device is required. Provide details of how the mobile communication device will be used and how it will benefit the government.

I certify the above to be an accurate reflection of my official government business needs. I have read the CNICINST 2000.2B policy on Mobile Communication Device usage and agree to comply with requirements. I realize that abuse of this privilege is considered to be misuse of government funds and that I may be held financially responsible and that disciplinary action may be taken against me. I understand that failure to comply may result in termination of my mobile communication service, personal financial liability and/or disciplinary action.

Requestor Signature:	Date:
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PART III - ROUTING

INSTALLATION COMMANDING OFFICER or CHIEF STAFF OFFICER *(Forward to Local CIO N6)*

Approval:	Disapproval:	Signature:	Date:
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CNFJ / CNRJ CIO N6

Approval:	Disapproval:	Signature:	Date:
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PART IV - REQUIRED CERTIFICATES/DOCUMENTS/FORMS *(Attach copy with request)*

- Copy of IA Training Certificate from TWMS
- Copy of Smartphone and Tablet Certificate from DoD
<http://iase.disa.mil/eta/>
- Copy of ITPR
<https://g2.cnic.navy.mil/tscnrj/N6/default.aspx>
- Copy of Emergency Essential form DD2365 (if applicable)