

COMSEC APPOINTMENT AND TERMINATION DOCUMENT

PRIVACY ACT STATEMENT; PURPOSE AND USE

DISCLOSURE: Voluntary; however, failure to provide complete information may delay COMSEC appointment and in some cases prevent access to classified cryptographic information or systems. This Privacy Act Statement is required due to the information contained within Section I.

AUTHORITY: Executive Order (EO) 9397, EO 12333, EO 12356, and CMS-1A.

PRINCIPAL PURPOSES: To appoint individuals to specific positions and roles within the command's COMSEC program and to authorize access, as applicable. Upon completion of Sections I-IV, file a copy of this document in the Correspondence File along with any additional documentation required by policy (e.g., Course completion certificate(s), Cybersecurity Workforce Certificate, Information System (IS) Privileged Access Agreement and Acknowledgment (PAA) of Responsibilities (SECNAV 5239/1), Cryptographic Access Certification and Termination (SD Form 572), COMSEC Briefing and Acknowledgment Form, Controlled Cryptographic Item (CCI) Briefing (DD-2625 as applicable), policy waiver(s), etc.). A copy of the Local Element Custodian (LEC) (Issuing or Using) appointment document must be forwarded to the supporting COMSEC Account Manager (CAM) or LEC Issuing, as applicable.

ROUTINE USES: COMSEC positions and roles appointment and termination. Security Administrator role pertains to all Receiver/Transmitters, HAIPE/INE, and Telephony products per OSD.

SECTION I – APPOINTEE

1. NAME (Last, First MI)	2. RANK/ GRADE	3. COMSEC BILLET	4. MOS/NEC/SERIES	5. SERVICE
6. ORGANIZATION	7. LOCAL ELEMENT NAME <i>ONLY FOR LOCAL ELEMENTS</i>	8. COMSEC ACCT #		9. HCI

10. **POSITION(S) AND ROLE(S) TO WHICH APPOINTED.** The following KMI and/or non-KMI specific roles, not prohibited by policy, are assigned to you and must be reflected on your submitted KMI Form 002, as applicable. (Check all that apply)

CAM/ KOAM	CPA	CPSO	CLERK	LEC WITH KEYMAT
PR	PLT1RA/ TSO	DLT1RA	DRM	LEC NO KEYMAT
SKL SSO/ TKL SUPERVISOR	SECURITY ADMINISTRATOR	STE TPA/ MC USER	EA	

11. **AUTHORIZED ACCESS TO** (Check all that apply)

MGC/ AKP	CCI	KEYMAT	COMSEC AIDS	CRYPTOGRAPHIC INFORMATION
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SECTION II – SECURITY CLEARANCE ACCESS VERIFICATION

12.a. Security Clearance Eligibility	d. Date Investigation Closed
b. Access Granted	e. Date Re-Investigation Opened (If Current Clearance Expired)
c. Investigation Type	f. Citizenship

The below individual certifies the information in blocks 12.a-f has been verified using an authorized clearance validation system and is accurate as of the date signed.

13. NAME (Last, First MI)	14. RANK/ GRADE	15. TITLE	16. ORGANIZATION
17. DATE	18. SIGNATURE (Digital Signature Preferred and will display when required fields in Sec I & II are complete)		

SECTION III – APPOINTING AUTHORITY

19. NAME (Last, First MI)	20. RANK/ GRADE	21. TITLE	22. ORGANIZATION
23. DATE	24. SIGNATURE (Digital Signature Preferred and will display when required fields in Sec I - III are complete)		

SECTION IV – APPOINTEE ACKNOWLEDGEMENT

By signature hereon, I acknowledge my appointment(s) as listed in Section I. I understand my responsibilities for which I have been appointed and that this appointment will remain in effect until termination of employment, transfer, or duty reassignment.

25. NAME (Last, First MI)	26. RANK/ GRADE	27. DATE	28. SIGNATURE (Digital Signature Preferred)
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SECTION V – TERMINATION/ RETENTION

The appointment of the individual named above is hereby terminated as directed by the appointing authority and all access revoked. (Retain for 3 years)

29. DATE OF RELIEF	30. AUTHORIZED DESTRUCTION DATE
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