

DD FORM 2875 (DD2875)

System Authorization Access Request (SAAR)

Page 1 DD2875

UNCLASSIFIED

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)		OMB No. 0704-0030 GMS approval expires 02/28/2019
<p>The public reporting burden for this collection of information, 0704-0030, is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or this collection of information, including suggestions for reducing this burden, to Washington Headquarters Service, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Director, Paperwork Project, Washington, DC 20503.</p>		
PRIVACY ACT STATEMENT		
<p>AUTHORITY: Executive Order 12958, and Public Law 99-474, the Computer Fraud and Abuse Act PRINCIPAL PURPOSE(S): To record names, signatures, and other identifiers for the purpose of validating the truthfulness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form. ROUTINE USE(S): None. DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.</p>		
TYPE OF REQUEST		DATE (YYYYMMDD)
<input type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> USER ID		
SYSTEM NAME (Platform or Application)		LOCATION (Physical Location of System)
PART I (To be completed by Requester)		
1. NAME (Last, First, Middle Initial)		2. ORGANIZATION
3. OFFICE SYMBOL/DEPARTMENT		4. PHONE (DDN or Commercial)
5. OFFICIAL E-MAIL ADDRESS		6. JOB TITLE AND GRADE/RANK
7. OFFICIAL MAILING ADDRESS		8. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER 9. DESIGNATION OF PERSON <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR
10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.) <input type="checkbox"/> I have completed the Annual Cyber Awareness Training. DATE (YYYYMMDD)		
11. USER SIGNATURE		12. DATE (YYYYMMDD)
PART II ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)		
13. JUSTIFICATION FOR ACCESS		
14. TYPE OF ACCESS REQUESTED <input type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED		
15. USER REQUIRES ACCESS TO: <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED (Specify category) <input type="checkbox"/> OTHER		
16. VERIFICATION OF NEED TO KNOW <input type="checkbox"/> I certify that this user requires access as requested.		16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 21 if needed.)
17. SUPERVISOR'S NAME (Print Name)	17a. SUPERVISOR'S EMAIL ADDRESS	17b. PHONE NUMBER
17c. SUPERVISOR'S ORGANIZATION/DEPARTMENT	17d. SUPERVISOR SIGNATURE	17e. DATE (YYYYMMDD)
18. INFORMATION OWNER/OPR PHONE NUMBER	18a. INFORMATION OWNER/OPR SIGNATURE	18b. DATE (YYYYMMDD)
19. ISSO ORGANIZATION/DEPARTMENT	19a. ISSO OR APPOINTEE SIGNATURE	19b. DATE (YYYYMMDD)
20a. PHONE NUMBER		

UNCLASSIFIED
PREVIOUS EDITION IS OBSOLETE.

Page 1 of 3



Visible Error	Solution						
<table border="1"> <tr> <td colspan="2" data-bbox="220 457 1438 485">PART I (To be completed by Requester)</td> </tr> <tr> <td data-bbox="220 485 829 512">1. NAME (Last, First, Middle Initial)</td> <td data-bbox="829 485 1438 512">2. ORGANIZATION</td> </tr> <tr> <td data-bbox="220 512 829 548"></td> <td data-bbox="829 512 1438 548"></td> </tr> </table>		PART I (To be completed by Requester)		1. NAME (Last, First, Middle Initial)	2. ORGANIZATION		
PART I (To be completed by Requester)							
1. NAME (Last, First, Middle Initial)	2. ORGANIZATION						
<p>2461 — 1. Full Name not entered.</p>	<p>Missing Entry. Part of the user's name is missing. Enter the full name (last name, first name, middle initial).</p>						
<p>2462 — 1. Validate User's Name is in a correct format. First name is missing.</p>	<p>Missing Entry. Part of the user's name is missing. Enter the full name (last name, first name, middle initial).</p>						
<p>2463 — 1. Validate User's Name is in a correct format. Last name is missing.</p>	<p>Missing Entry. Part of the user's name is missing. Enter the full name (last name, first name, middle initial).</p>						
<p>2464 — 2. Organization not entered.</p>	<p>Missing Entry. The Organization name is missing. Enter the name of the Organization.</p>						





Help Reference Guide

3. OFFICE SYMBOL/DEPARTMENT

4. PHONE (DSN or Commercial)

2465 — 3. Office Symbol/Department not entered.

Missing Entry. The Office Symbol or Department is missing. Enter either the office symbol or department.

2466 — 4. Phone not entered.

Missing Entry. The phone number is missing. Enter either the DSN or commercial phone number.

5. OFFICIAL E-MAIL ADDRESS

6. JOB TITLE AND GRADE/RANK

2467 — 5. Email Address not entered.

Missing Entry. The email-address is missing. Enter the email address.

2470 — 6. Grade/Rank possibly not entered for MILITARY designation.

Missing Entry. The Job Title entered is a military title, and requires a grade and/or rank. Enter the grade and/or rank for this military job title.

2469 — 6. Job Title and Grade/Rank not entered.

Missing Entry. The job title and grade / rank is missing. Enter a job title and a grade and/or rank.





Help Reference Guide

7. OFFICIAL MAILING ADDRESS 	8. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER	9. DESIGNATION OF PERSON <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR
--	--	---

2472 — 7. Missing Zip Code.	Missing Entry. The ZIP Code is missing. Enter the ZIP CD.
2471 — 7. Official Mailing Address not entered.	Missing Entry. The mailing address is missing. Enter the official post-office approved mailing address.
2473 — 8. Citizenship not entered.	Missing Entry. The citizenship is missing. Enter the citizenship by choosing the appropriate check-box.
2474 — 8. Citizenship set to non US and Block 27 missing statement that contract is in compliance.	Invalid Entry. Block 8 and Block 27 do not match. Either fix Block 8 to the US citizenship check-box, or fix Block 27.
2475 — 9. Designation of Person not entered.	Missing Entry. The Designation of Person is missing. Enter the Designation of the Person by choosing the appropriate check-box.





Help Reference Guide

10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS <i>(Complete as required for user or functional level access.)</i> <input type="checkbox"/> I have completed the Annual Cyber Awareness Training. DATE (YYYYMMDD)	
11. USER SIGNATURE	12. DATE (YYYYMMDD)

2476 – 10. IA Training not completed.

Missing Entry. The check-box and date for the Awareness Certification are missing. Enter the appropriate information. Ensure the date is in the YYYYMMDD format.

2478 – 11. User Signature missing.

Missing Entry. A signature of the user is missing. Sign (block 11) and date (block 12) the document. Ensure the date is in the YYYYMMDD format.

2479 – 11. User Signature was signed more than 1 year ago. Sign date of: {0}.

Invalid Entry. The signature and date must be within the last 12 months. Sign and date the document again. Ensure the date is in the YYYYMMDD format.





Help Reference Guide

<p>PART II ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR <i>(If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)</i></p> <p>13. JUSTIFICATION FOR ACCESS</p>
--

2480 – 13. Justification not entered.

Missing Entry. A justification for this access is required. Enter a reason this access is required.

<p>14. TYPE OF ACCESS REQUESTED</p> <p><input type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED</p>
--

2482 – 14. Both Authorized and Privileged is selected.

Invalid Entry. Both check-boxes are marked. Check a single check-box - either Authorized or Privileged.

2483 – 14. Privileged selected. The SAAR must be reviewed by the DPAS ISSM.

NOT AN ERROR. Information - This SAAR is marked Privileged. Therefore it must be reviewed and signed and dated by the ISSM. Ensure the date is in the YYYYMMDD format.

2481 – 14. Type of Access not chosen. Default to Authorized.

NOT AN ERROR. Information - There was no check-box chosen in block 14. The default access is Authorized.





15. USER REQUIRES ACCESS TO: UNCLASSIFIED CLASSIFIED (Specify category) _____
 OTHER _____

<p>2486 – 15. Classified selected, but no category entered.</p>	<p>Missing Entry. The "Specify Category" field is missing. Enter the category of classified information requested.</p>
<p>2485 – 15. More than one access level chosen.</p>	<p>Invalid Entry. Multiple check-boxes are marked. Choose one access and mark that check-box.</p>
<p>2487 – 15. Other classification selected, but no additional text entered.</p>	<p>Missing Entry. The "Other" check-box is marked, but the line next to it is missing. Enter the other type of access requested.</p>
<p>2484 – 15. User Required Access not chosen. Default to Unclassified.</p>	<p>NOT AN ERROR. Information - There was no check-box chosen in block 15. The default access is Unclassified.</p>





Help Reference Guide

16. VERIFICATION OF NEED TO KNOW

I certify that this user requires access as requested.

16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 21 if needed.)

2488 – 16. Verification not chosen.

Missing Entry. The check-box is not marked. Mark the check-box to continue.

2491 – 16a. Access Expiration Date must be provided if user is a contractor.

Missing Entry. The user has been identified as a contractor. The **date of the contract expiration** is missing. Enter the date, ensuring the date is in the YYYYMMDD format.

2489 – 16a. Company Name must be provided if user is a contractor.

Missing Entry. The user has been identified as a contractor. The **company name** is missing. Enter the name of the contracting company.

2490 – 16a. Contractor Number must be provided if user is a contractor.

Missing Entry. The user has been identified as a contractor. The **contractor number** is missing. Enter the number of the contractor.





Help Reference Guide

17. SUPERVISOR'S NAME <i>(Print Name)</i>	17a. SUPERVISOR'S EMAIL ADDRESS	17b. PHONE NUMBER
17c. SUPERVISOR'S ORGANIZATION/DEPARTMENT	17d. SUPERVISOR SIGNATURE	17e. DATE (YYYYMMDD)

2492 – 17. Supervisor's Name not entered.

Missing Entry. The supervisor's name is missing. Enter the supervisor's full name.

2493 – 17a. Supervisor's E-MAIL not entered.

Missing Entry. The supervisor's E-MAIL address is missing. Enter the supervisor's complete E-MAIL address.

2494 – 17b. Supervisor's Phone not entered.

Missing Entry. The supervisor's Phone Number is missing. Enter the supervisor's complete phone number.

2495 – 17c. Supervisor's Organization not entered.

Missing Entry. The supervisor's organization or department is missing. Enter the supervisor's complete organization or department.

2496 – 17d. Supervisor's Signature missing.

Missing Entry. The signature of the supervisor is missing. Sign (block 17d) and date (block 17e) the document. Ensure the date is in the YYYYMMDD format.





Help Reference Guide

18. INFORMATION OWNER/OPR PHONE NUMBER	18a. INFORMATION OWNER/OPR SIGNATURE	18b. DATE (YYYYMMDD)
--	--------------------------------------	----------------------

2499 – 18. Information owner's phone number not entered.

Missing Entry. The IO's Phone Number is missing. Enter the IO's complete phone number.

2497 – 18a. Information Owner's Signature missing.

Missing Entry. The signature of the IO is missing. Sign (block 18a) and date (block 18b) the document. Ensure the date is in the YYYYMMDD format.

2498 – 18a. An IO or AIO cannot sign their own form.

Invalid Entry. This form cannot be signed in block 18a by the person for whom this form is for. If this is for an IO, get an AIO to sign it, or vice versa.





Help Reference Guide

19. ISSO ORGANIZATION/DEPARTMENT	19b. ISSO OR APPOINTEE SIGNATURE	19c. DATE (YYYYMMDD)
19a. PHONE NUMBER		

DD FORM 2875, MAY 2022

UNCLASSIFIED

Page 1 of 3

PREVIOUS EDITION IS OBSOLETE.

2500 – 19. ISSO Organization/Dept must be blank.

Invalid Entry. This form cannot have an Organization or a Department in block 19. Delete the information in this block.

2501 – 19a. ISSO Phone Number must be blank.

Invalid Entry. This form cannot have a phone number in block 19a. Delete the phone number in this block.

2502 – 19b. ISSO Signature must be blank.

Invalid Entry. This form cannot be signed in block 19b. Delete the signature in this block.

2503 – 19c. ISSO Signature Date must be blank.

Invalid Entry. This form cannot have a date in block 19c. Delete the date in this block.





Page 2 DD2875

UNCLASSIFIED

20. NAME (Last, First, Middle Initial)		
21. OPTIONAL INFORMATION		
PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION		
22. TYPE OF INVESTIGATION	22a. INVESTIGATION DATE (YYYYMMDD)	22b. CONTINUOUS EVALUATION (CE) DEFERRED INVESTIGATION
22c. CONTINUOUS EVALUATION (CE) ENROLLMENT DATE (YYYYMMDD)		22d. ACCESS LEVEL
23. VERIFIED BY (Printed Name)	24. PHONE NUMBER	25. SECURITY MANAGER SIGNATURE
		26. VERIFICATION DATE (YYYYMMDD)
PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION		
TITLE:	SYSTEM	ACCOUNT CODE
	DOMAIN	
	SERVER	
	APPLICATION	
	FILES	
	DATASETS	
DATE PROCESSED (YYYYMMDD)	PROCESSED BY (Print name and sign)	DATE (YYYYMMDD)
DATE REVALIDATED (YYYYMMDD)	REVALIDATED BY (Print name and sign)	DATE (YYYYMMDD)

DD FORM 2875, MAY 2022 Page 2 of 3

UNCLASSIFIED

PREVIOUS EDITION IS OBSOLETE.





Visible Error	Solution
UNCLASSIFIED	
20. NAME (Last, First, Middle Initial)	
21. OPTIONAL INFORMATION	





Help Reference Guide

PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION		
22. TYPE OF INVESTIGATION	22a. INVESTIGATION DATE (YYYYMMDD)	22b. CONTINUOUS EVALUATION (CE) DEFERRED INVESTIGATION
22c. CONTINUOUS EVALUATION (CE) ENROLLMENT DATE (YYYYMMDD)	22d. ACCESS LEVEL	

2519 – 22. Invalid Investigation Type entered: {0}.

Invalid Entry. The incorrect investigation type was entered. Enter one of the viable investigation types.

2518 – 22. Investigation Type {0} on the form was interpreted as {1}.

NOT AN ERROR. Information - The investigation type entered was determined to be close enough to something else. Double-check that it is still the requested investigation type.

2517 – 22. Missing Investigation Type.

Missing Entry. The investigation type is missing. Enter the name of the investigation type.

2520 – 22. The Only IT Level Designation allowed for Investigation Type {0} is Level III.

Invalid Entry. The investigation type may be incorrect for the IT level. Double-check the investigation type and the correct IT level.

2521 – 22a. Investigation Date is not within the last {0} years. Date of Investigation: {1}.

Invalid Entry. The investigation date has expired. Double-check the investigation date and either fix the date or schedule a new investigation. Ensure the date is in the YYYYMMDD format.





<p>2522 – 22a. Investigation Date is set in the future. Date of Investigation: {0}.</p>	<p>Invalid Entry. The investigation date has not happened yet. Double-check the investigation date and fix the date. Ensure the date is in the YYYYMMDD format.</p>
<p>2525 – 22b. Clearance Level {0} is not valid for Investigation Type {1}.</p>	<p>Invalid Entry. The investigation type entered is not appropriate for the requested clearance level. Enter one of the viable clearance levels.</p>
<p>2524 – 22b. Invalid Clearance Level entered: {0}.</p>	<p>Invalid Entry. The incorrect clearance level was entered. Enter one of the viable clearance levels.</p>
<p>2523 – 22b. Missing Clearance Level.</p>	<p>Missing Entry. The clearance level is missing. Enter the name of the clearance level.</p>
<p>2526 – 22c. Missing IT Level Designation.</p>	<p>Missing Entry. The IT level designation is missing. Enter the name of the IT level.</p>
<p></p>	<p></p>





Help Reference Guide

23. VERIFIED BY <i>(Printed Name)</i>	24. PHONE NUMBER	25. SECURITY MANAGER SIGNATURE	26. VERIFICATION DATE <i>(YYYYMMDD)</i>
---------------------------------------	------------------	--------------------------------	--

2512 – 23. Security Manager Verified By not entered.

Missing Entry. The Security Manager Verified By's name is missing. Enter the Security Manager's full name.

2514 – 24. Security Manager phone number not entered.

Missing Entry. The Security Manager's Phone Number is missing. Enter the Security Manager's complete phone number.

2516 – 25. Security Manager's Signature missing.

Missing Entry. The signature of the security manager is missing. Sign (block 25) and date (block 26) the document. Ensure the date is in the YYYYMMDD format.





Help Reference Guide

PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION		
TITLE:	SYSTEM	ACCOUNT CODE
	DOMAIN	
	SERVER	
	APPLICATION	
	FILES	
	DATASETS	
DATE PROCESSED (YYYYMMDD)	PROCESSED BY (Print name and sign)	DATE (YYYYMMDD)
DATE REVALIDATED (YYYYMMDD)	REVALIDATED BY (Print name and sign)	DATE (YYYYMMDD)

DD FORM 2875, MAY 2022

UNCLASSIFIED
PREVIOUS EDITION IS OBSOLETE.

Page 2 of 3

DO NOT FILL OUT.

NOT FOR USER'S USE.





Page 3 DD2875

INSTRUCTIONS	
<small>The preceding document is as issued by using DoD Component.</small>	
<p>A. PART I: The following information is provided by the user when establishing or modifying their USER ID.</p> <p>(1) Name. The last name, first name, and middle initial of the user.</p> <p>(2) Organization. The user's current organization (i.e. OISA, SDX, DoD and government agency or commercial firm).</p> <p>(3) Office Symbol/Department. The office symbol within the current organization (i.e. SO).</p> <p>(4) Telephone Number/DSN. The Defense Switching Network (DSN) phone number of the user. If DSN is unavailable, indicate commercial number.</p> <p>(5) Official E-mail Address. The user's official e-mail address.</p> <p>(6) Job Title/Grade/Rank. The civilian job title (Example: Systems Analyst, GS-14, Pay Clerk, GS-Epistolary rank (COL, United States Army, CMSgt, USAF) or "CONT" if user is a contractor.</p> <p>(7) Official Mailing Address. The user's official mailing address.</p> <p>(8) Citizenship (US, Foreign National, or Other).</p> <p>(9) Designation of Person (Military, Civilian, Contractor).</p> <p>(10) IA Training and Awareness Requirements. User must indicate if he/she has completed the Annual Cyber Awareness Training and the date.</p> <p>(11) User's Signature. User must sign the DD Form 2875 with the understanding that they are responsible and accountable for their password and access to the system(s).</p> <p>(12) Date. The date that the user signs the form.</p> <p>B. PART II: The information below requires the endorsement from the user's Supervisor or the Government Sponsor.</p> <p>(13) Justification for Access. A brief statement is required to justify establishment of an initial USER ID. Provide appropriate information if the USER ID or access to the current USER ID is modified.</p> <p>(14) Type of Access Required: Place an "X" in the appropriate box. (Authorized - Individual with normal access. Privileged - Those with privilege to amend or change system configuration, parameters, or settings.)</p> <p>(15) User Requires Access To: Place an "X" in the appropriate box. Specify category.</p> <p>(16) Verification of Need to Know. To verify that the user requires access as requested.</p> <p>(16a) Expiration Date for Access. The user must specify expiration date if less than 1 year.</p> <p>(17) Supervisor's Name (Print Name). The supervisor or representative prints his/her name to indicate that the above information has been verified and that access is required.</p> <p>(17a) E-mail Address. Supervisor's e-mail address.</p> <p>(17b) Phone Number. Supervisor's telephone number.</p> <p>(17c) Supervisor's Organization/Department. Supervisor's organization and department.</p> <p>(17d) Supervisor's Signature. Supervisor's signature is required by the endorser or his/her representative.</p> <p>(17e) Date. Date the supervisor signs the form.</p>	<p>(18) Phone Number. Functional appointee telephone number.</p> <p>(18a) Signature of Information Owner/Office of Primary Responsibility (OPR). Signature of the Information Owner or functional appointee of the office responsible for approving access to the system being requested.</p> <p>(18b) Date. The date the functional appointee signs the DD Form 2875.</p> <p>(18) Organization/Department. ISSO's organization and department.</p> <p>(18a) Phone Number. ISSO's telephone number.</p> <p>(18b) Signature of Information Systems Security Officer (ISSO) or Appointee. Signature of the ISSO or Appointee of the office responsible for approving access to the system being requested.</p> <p>(18c) Date. The date the ISSO or Appointee signs the DD Form 2875.</p> <p>(21) Optional Information. This item is intended to add additional information, as required.</p> <p>C. PART III: Verification of Background or Clearance.</p> <p>(22) Type of Investigation. The user's last type of background investigation (i.e., Tier 3, Tier 5, etc.).</p> <p>(22a) Investigation Date. Date of last investigation.</p> <p>(22b) Continuous Evaluation (CE) Deferred Investigation. Select yes/no to indicate whether or not the user is currently enrolled for "Deferred Investigation" in the Continuous Evaluation (CE) program.</p> <p>(22c) Continuous Evaluation Enrollment Date. Date of CE enrollment. Leave blank if user is not enrolled in CE.</p> <p>(22d) Access Level. The access level granted to the user by the sponsoring agency/service (i.e. Secret, Top Secret, etc.). Access level refers to the access determination made on the basis of the user's individual need for access to classified information to perform official duties; a determination separate from the user's eligibility determination.</p> <p>(23) Verified By. The Security Manager or representative prints his/her name to indicate that the above clearance and investigation information has been verified.</p> <p>(24) Phone Number. Security Manager's telephone number.</p> <p>(25) Security Manager Signature. The Security Manager or his/her representative indicates that the above clearance and investigation information has been verified.</p> <p>(26) Verification Date. Date the Security Manager performed the background investigation and clearance information verification.</p> <p>D. PART IV: This information is site specific and can be customized by either the DoD, functional activity, or the customer with approval of the DoD. This information will specifically identify the access required by the user.</p> <p>E. DISPOSITION OF FORM:</p> <p>TRANSMISSION: Form may be electronically transmitted, faxed, or mailed. Adding a password to this form makes it a minimum of a CONTROLLED UNCLASSIFIED INFORMATION and must be protected as such.</p> <p>FILING: Original SAAR, with original signatures in Parts I, II, and III, must be maintained on file for one year after termination of user's account. File may be maintained by the DoD or by the Customer's ISSO. Recommend file be maintained by ISSO adding the user to the system.</p>
DD FORM 2875, MAY 2022	PREVIOUS EDITION IS OBSOLETE.
	Page 3 of 3

Additional Instructions.

