



Specific Instructions for Completing the System DD-2875 Form

Synchronized Predeployment and Operational Tracker (SPOT)

DD-2875: SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR) INSTRUCTIONS

- **TYPE OF REQUEST:** Select “INITIAL” if this is your first time submitting this form for a SPOT account; otherwise, select the appropriate box.
- **DATE:** Enter today’s date.
- **SYSTEM NAME:** “Synchronized Predeployment and Operational Tracker (SPOT)”.
- **LOCATION:** “DMDC, Seaside, CA”.

NOTE: Access to SPOT requires a Common Access Card (CAC) or External Certification Authority (ECA) certificate. If unable to obtain a CAC or ECA, a User Name/Password account may be available for Contractor Company persons who are not citizens of the United States, United Kingdom, Australia, New Zealand, and Canada partner nations. Please contact the SPOT Help Desk for further assistance.

PART I

- **1. NAME:** Enter your legal name in this order - last name, first name, and middle initial.
- **2. ORGANIZATION:** Enter your company’s or organization’s full name, no acronyms.
- **3. OFFICE SYMBOL/DEPARTMENT:** Enter your department, division, or office name.
- **4. PHONE:** Enter your business telephone number. If you have an extension, be sure to provide it. DSN numbers are acceptable.
- **5. OFFICIAL E-MAIL ADDRESS:** Enter your agency’s or company’s official e-mail address. We cannot accept e- mail addresses such as Yahoo.com, Gmail.com, or any other similar types of e-mail addresses. We also cannot accept group e-mails. The e-mail must be an individual account for the person requesting the SPOT account. If a contractor is supporting a Government organization and requires a SPOT Governmental role, the email address must be a Government or “.mil” email account.
- **6. JOB TITLE AND GRADE/RANK:** Enter your job title. Grade and rank apply to only U.S. Government agencies and the Military Services.
- **7. OFFICIAL MAILING ADDRESS:** Enter your agency’s or company’s official mailing address.
- **8. CITIZENSHIP:** Select the appropriate citizenship box: “US” or “FN” for a Foreign National.
- **9. DESIGNATION OF PERSON:** Select the appropriate person type: “MILITARY”, “CIVILIAN”, or “CONTRACTOR”.
- **10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS:** Complete the required training. Select the box to confirm that you’ve completed Information Assurance (IA) Training (or equivalent) and enter the date of the training.
Current URL: <https://iatraining.disa.mil/eta/cyber-awareness-challenge/launchPage.htm>
- **11. USER SIGNATURE:** Enter your name in the first portion of this box and digitally sign in the second portion using your CAC or ECA certificate.
- **12. DATE:** Enter the date you signed the form.

Please follow all instructions; otherwise, your account request may be delayed.



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PART II

- **13. JUSTIFICATION FOR ACCESS:**
 - Enter your official reason for requesting a SPOT account.
 - Enter your requested role in SPOT.
 - For a Foreign National, enter your country of citizenship.
 - For a Foreign National, enter your country of residency.
- **14. TYPE OF ACCESS REQUIRED:** “AUTHORIZED”.
- **15. USER REQUIRES ACCESS TO:** “OTHER” with the notation “Sensitive Data / Personally Identifiable Information (PII)”.
- **16. VERIFICATION OF NEED TO KNOW:** Select the box to verify that the requester requires access to SPOT.
 - **16a. ACCESS EXPIRATION DATE:** For Contractor Company persons, specify your Company Name, Contract Number, and Contract Expiration Date. For Government and Military persons, enter your CAC Expiration Date.
- **17. SUPERVISOR'S NAME (PRINT NAME):** Enter your Sponsor’s name.
NOTE: DoD policy requires a Sponsor to approve and validate the need for access to SPOT. For Contractor Company persons, enter your supervisor's name or the name of someone from your Human Resources (HR) department. For Government and Military persons, enter your Government or Military Supervisor's name. If a contractor is supporting a Government organization and requires a SPOT Governmental role, the Sponsor must be a Government official.
- **18. SUPERVISOR'S SIGNATURE:** Provide form to your Sponsor to obtain their signature to indicate the information on this form has been verified and SPOT access is required.
- **19. DATE:** Enter the date the Sponsor signs the form.
- **20. SUPERVISOR'S ORGANIZATION/DEPARTMENT:** Enter the Sponsor’s organization and department.
 - **20a. SUPERVISOR'S E-MAIL ADDRESS:** Enter the Sponsor’s official company or Government or “.mil” email account.
 - **20b. PHONE NUMBER:** Enter the Sponsor’s telephone number.

FIELDS 21 THROUGH 25: LEAVE BLANK.

- **26. NAME:** Enter your last name, first name, and middle initial in this order.
- **27. OPTIONAL INFORMATION (Additional Information):**
 - In accordance with Title 18 U.S.C., Section 1030, it is illegal to share your account information. Violations are subject to criminal prosecution.
 - As stated in the Computer Fraud and Abuse Act (CFAA), it is illegal to distribute malicious code and denial of service attacks. Sharing or trafficking in passwords, certificates, e.g., CACs, and similar items is also subject to criminal penalty.

PART III AND IV – LEAVE BLANK.

**If you have questions, please feel free to contact the SPOT Helpdesk @ 703-578-5407.
Email address: dodhra.beau-alex.dmdc.mbx.spot-helpdesk@mail.mil.**