

CLASSIFICATION

# SCIF CO-UTILIZATION or JOINT-UTILIZATION Request and MOA Form

1. To: Addressee Government CSA:

2. From: Requesting Government CSA:

Date

POC:  
Name/Title/Telephone:

POC:  
Name/Title/Telephone:

3. Facility Location where CUA Desired :

Company/Department Name:  
Complete SCIF Address:

SCIF ID:

Room  
Numbers:

Site POC:  
Name/Title/Telephone  
Email Address

4. Does Facility have Waivers?            No            Yes (If yes, list waivers in item 9)

5. Classification:    (Provide classification level, SCI compartments, and storage requirements for Co-Use)

Highest Classification:            Confidential            Secret            Top Secret

SCI Compartments:

Storage Requirements:            Open            Closed

6. Information System (IS) Processing Requested:    (Provide POC for IS coordination if Co-Utilization or Joint-Utilization)

IS POC:  
Name/Title/Telephone:

**Co-Utilization:**

Use a system that will not be connected to system(s) for which the agency with cognizance for the SCIF is the accreditor or,

use for period processing only an existing system for which the agency with cognizance for the SCIF is the accreditor

Information System Processing Not Required storage and /or discussion only

**Joint-Utilization:**            Use an existing system for which the agency with cognizance for the SCIF is the accreditor

Such use will consist of: Logical separation of data (via software) or  
co-mingle data, no separation. (Detailed justification required in item 9.)

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**7. Duration:**

A. Contractor Facility:

RFP Date: (if applicable):

Expiration Date of Contract:

Contract Number:

B. Government Facility:

Expiration Date: (enter date or "Indefinite")

**8. Type of Effort:**            Intel Related            Other (describe)

**9. Comments/Justification:**

**REQUESTER:**

Digital Signature

**CONCUR:**

Digital Signature

\* **Notice:** Email or other exchange and receipt of this form, completed and concurred, constitutes a formal *Memorandum of Agreement (MOA)*. Co-Use means two or more organizations sharing the same SCIF. All personnel involved with Co-Use SCIFs must be approved to ICD 704 standards.

CL BY:

CL REASON:

DECL ON:

**CLASSIFICATION**