CLASSIFICATION

Select/Type Appropriate Classification

SCIF CO-UTILIZATION or JOINT-UTILIZATION Request

1. To: Host Government CSA: Host IC Agency SCIF Owner				
2. From: Tenant Government CSA: Tenant/Requesting IC Agency Date: Current Date				
Tenant POC: Name/Title/Telephone and Email: CUA/JUA Tenant Agency POC Located on site				
Tenant POC: Name/Title/Telephone and Email: CUA/JUA Tenant Agency POC Located on site				
3. Facility Location where CUA Desired: Company/Department Name: Complete SCIF Address: Complete SCIF Address:				
SCIF ID: SCIF ID as assigned by Host Government CSA				
Room Numbers: List all Rooms assocaiated with the CUA/JUA				
Host Site Security POC: CSSO/SSO/ASO of SCIF Name and Title				
Name/Title/Telephone Email Address Email and Phone of CSSO/SSO/ASO				
4. Does Facility have Waivers? No Yes (If yes, list waivers in item 9) Select One				
5. Classification: (Provide classification level, SCI compartments, and storage requirements for Co-Use)				
Highest Classification: Confidential Secret Top Secret Select One				
SCI Compartments: List SCI Compartments that the CUA/JUA operate at				
Storage Requirements:				
6. Information Systems POC: (Provide POC for IS coordination if Co-Utilization or Joint-Utilization)				
Tenant IS POC: Name/Email/Telephone: Tenant IS POC, Name Email and Phone				
☐ Co-Utilization: Select all that apply				
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				
Classified By: Who is completing form Emplyee ID or Name				
erived From: Security Classification Guide used				
Declassify on: Declassification date from SCG This form is UNCLASSIFIED until filled in				
CLASSIFICATION Select/Type Appropriate Classification				

CUWG: Co-Utilization/Joint Utilization form Version 5

 ${\it This form is UNCLASSIFIED until filled in}$

CI	LASSIFICATION	Select/Type Appropriate Classification		
Joint-utilization: Select all that apply				
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.)				
7. Duration:				
A. Contractor Facility:				
RFP Date: (if applicable): DD Month YYYY				
Expiration Date of Contract: DD Month YYYY				
Contract Number: DD-254 Contract Number Supporting CUA/JUA				
B. Government Facility:				
Expiration Date: (enter date or "Indefinite") DD Month YYYY Check Host Agency Requirements				
8. Type of Effort:				
Explain if different from above				
9. Comments/Justification/MOA:				
Justification for CUA/JUA be specific and as detailed as possible				
TENANT; CUA Coordinator:	Tenant A	agency CUA Coordinator Name	DD MM YYYY	
Coordinator:	Digital Signature	Digital Signature of CUA Coordina	tor	
HOST; CUA Host Agency CUA coordinator Name DD MM YY Coordinator:		DD MM YYYY		
	Digital Signature	Digital Signature of CUA Coordina	tor	
	_	This form is UNCLASSIFIED until filled in		
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