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SCIF CO-UTILIZATION or JOINT-UTILIZATION Request

1. To: Host Government CSA:
2. From: Tenant Government CSA: Date:
Tenant POC: Name/Title/Telephone and Email:
Tenant POC: Name/Title/Telephone and Email:
3. Facility Location where CUA Desired:
Company/Department Name: Complete SCIF Address:
SCIF ID:
Room Numbers:
Host Site Security POC:
Name/Title/Telephone Email Address
4. Does Facility have Waivers?
5. Classification: (Provide classification level, SCI compartments, and storage requirements for Co-Use)
Highest Classification: Confidential Secret Top Secret
SCI Compartments:
Storage Requirements:
6. Information Systems POC: (Provide POC for IS coordination if Co-Utilization or Joint-Utilization)
Tenant IS POC: Name/Email/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
Classified By:
Derived From:
Declassify on: This form is UNCLASSIFIED until filled in
CLASSIFICATION

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CLA	ASSIFICATION			
Use an ex	isting system for which	ch the agency with cognizance for the SCIF is the accreditor		
Such use	will consist of: Logica	al separation of data (via software) or		
Co-mingl	e data, no separation.	(Detailed justification required in item 9.)		
7. Duration:				
A. Contractor Fa	cility:			
RFP Date: (if applicable):				
Expiration Date of Contract:				
Contrac	t Number:			
B. Government F	acility:			
Expirati	on Date: (enter date or	r "Indefinite")		
8. Type of Effort:	Intel Related	Other (describe)		
9. Comments/Justifi	Cation/1910/1.			
TENANT; CUA Coordinator:				
	Digital Signature			
HOST; CUA				
Coordinator:				
	Digital Signature			
		This form is UNCLASSIFIED until filled in		
	CLASSIFICATION	CUWG: Co-Utilization/Joint Utilization form Version 5		