SCIF CO-UTILIZATION or JOINT-UTILIZATION Request

1. To: Host Government CSA: 

2. From: Tenant Government CSA: 
   Tenant POC: Name/Title/Telephone and Email: 
   Tenant POC: Name/Title/Telephone and Email: 
   Date: 

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?  
   □ 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 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: 

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CLASSIFICATION
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.)

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/MOA:

TENANT; CUA Coordinator:

Digital Signature

HOST; CUA Coordinator:

Digital Signature

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