



Specific Instructions for Completing the System DD-2875 Form* DMDC Reporting System (DMDCRS)

FOR FIRST-TIME USERS & USERS WHO HAVE CHANGED AGENCIES

Please complete if you have not already submitted this information.

- **TYPE OF REQUEST:** Please click “Initial” if this is the first time you’re requesting a DMDCRS account, or if you need to create a new account as a result of inactivity resulting in account deletion.
- **DATE:** Please enter today’s date.
- **SYSTEM NAME:** Please enter “DMDC Reporting System (DMDCRS)”.
- **LOCATION:** Please enter “DMDC, OCI”.

PART I

- **1. NAME:** Please enter your legal name. (Please, no nicknames or shortened version)
- **2. ORGANIZATION:** Please enter your agency name or your company’s name. (Please, no acronyms; spell out completely.)
- **3. OFFICE SYMBOL/DEPARTMENT:** Please enter your department, division, or other office name.
- **4. PHONE:** Please enter your business telephone number, including area code. If you have an extension, please also be sure to provide it. A DSN is also acceptable.
- **5. OFFICIAL E-MAIL ADDRESS:** Please enter your official agency or company’s e-mail address. We cannot accept e-mail addresses such as Yahoo.com, Gmail.com, or any other similar types of e-mail addresses. If you have a .mil email address it should be used over a corporate address.
- **6. JOB TITLE AND GRADE/RANK:** Self-explanatory; grade and rank apply only to U.S. Government agencies and the Military Services.
- **7. OFFICIAL MAILING ADDRESS:** Please enter your agency or company’s official address.
- **8. CITIZENSHIP:** Please enter the country in which you are a current citizen. Non-US citizens may be denied a DMDCRS account.
- **9. DESIGNATION OF PERSON:** Please check the appropriate selection that best identifies your relationship to the Department of Defense. If you are under contract with the Department of Defense, please select “Contractor.” If you are active military, please select “Military”; otherwise, select “Civilian.”
- **10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS:** You must be able to mark the “I have completed the Annual Cyber Awareness Training” box; enter the date it was completed (within the past year). Your agency may refer to this training as something slightly different.
- **11. USER SIGNATURE:** Please type or print your name in the first portion of this box and digitally sign in the second portion. Only digital signatures are accepted.
- **12. DATE:** Please enter the date you signed the form.

PART II

- **13. JUSTIFICATION FOR ACCESS:** Please enter your official reason for needing access to the DMDC Reporting System (DRS).



Acceptable Example: “My boss told me that I need access to DMDCRS as part of my job responsibilities.”



Unacceptable Example: “The system looks interesting and it might be useful someday.”

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- **14. TYPE OF ACCESS REQUESTED:** Please select “Authorized”.
- **15. USER REQUIRES ACCESS TO:** Please be sure to check “Other” and add: “Sensitive, ibnlt: PII data”. (“ibnlt” is short for “including but not limited to”).)
- **16. VERIFICATION OF NEED TO KNOW:** Your supervisor must check this box to expressly agree you have an official need-to-know.
- **16a. ACCESS EXPIRATION DATE:** *Contractors only* – Please enter the company you work for along with the contract number and access expiration date (i.e., contract end date).
- **17. SUPERVISOR’S NAME:** Your government supervisor (GS 14 & above or military officer) must enter their full legal name. (Please, no nicknames or shortened version)
- **17a. SUPERVISOR’S EMAIL ADDRESS:** Your government supervisor must enter their official government email address.
- **17b. PHONE NUMBER:** Your government supervisor must enter their official government telephone number, including area code.
- **17c. SUPERVISOR’S ORGANIZATION/DEPARTMENT:** Your government supervisor must enter their department, division, or other office name.
- **17d. SUPERVISOR SIGNATURE:** Your government supervisor must digitally sign this field to confirm your need-to-know and that all the information you supplied is accurate.
- **17e. DATE:** Your government supervisor enters today’s date.
- **18 through 19c.** You may leave these items blank.
- **21. OPTIONAL INFORMATION:** Please indicate which type(s) of special requests you will need to be able to submit by placing an “X” after the type. Below is an example of a user requesting access to submit both Law Enforcement and Intelligence requests:

21. OPTIONAL INFORMATION

DO NOT REMOVE TEXT IN THIS BOX

CUSTOMER ACCOUNT REQUEST

PLEASE PLACE AN 'X' AFTER EACH OF THE FOLLOWING IF YOU PLAN TO SUBMIT SAID TYPE(S) OF REQUESTS:

Law Enforcement: x Intelligence: x

Account requests for Law Enforcement and/or Intelligence MUST be submitted with digital signatures; scanned forms will not be accepted.

If you are an independent contractor or work under contract for the Department of Defense and are not located within a DoD facility, please complete the Government Sponsor section and item 16a; be sure to provide the contract number and expiration date in this box. **We are unable to process your request for an account without it.** After securing approval from your sponsor, we will create your account.

>>> FOR NON .MIL OR .GOV USERS <<<
If you are an independent contractor or do not work in a formal DoD setting, please complete the following items. We will not be able to process your request for an account without it.
Government Sponsor Information (DoD Civilian or Military Officer)
Full Name:
Title/Rank:
Office/Agency:
Phone (incl area code):
E-mail Address:

If you are not certain if you are required to complete this section, please [contact us](#).



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PART III – COMPLETED BY YOUR AGENCY’S/ORGANIZATION’S SECURITY MANAGER OR REPRESENTATIVE

- **22. TYPE OF INVESTIGATION:** Your Security Office representative should indicate your last type of background investigation (i.e., Tier 3, Tier 5, etc)
- **22a. INVESTIGATION DATE:** Your Security Office should indicate the completion date of your last background investigation.
- **22b. CONTINUOUS EVALUATION (CE) DEFERRED INVESTIGATION:** Your Security Office representative should indicate “Yes” or “No” to validate whether or not you are currently enrolled for “Deferred Investigation” in the Continuous Evaluation (CE) program.
- **22c. CONTINUOUS EVALUATION ENROLLMENT DATE:** Your Security Office representative should enter the date of your CE enrollment; leave blank if not enrolled in CE.
- **22d. ACCESS LEVEL:** Your Security Office representative should indicate the access level granted (i.e., Secret, Top Secret, etc). Access level refers to the access determination made on the basis of your individual need for access to classified information to perform official duties; a determination separate from your eligibility determination.
- **23. VERIFIED BY:** Your Security Office representative should enter their full legal name (Please, no nicknames or shortened version)
- **24. PHONE NUMBER:** Your Security Office representative should enter their official government telephone number, including area code.
- **25. SECURITY MANAGER SIGNATURE:** Your Security Office representative must digitally sign this box to confirm the information supplied in items 22 through 24 and 26.
- **26. VERIFICATION DATE:** Your Security Office representative should enter today’s date.

WHERE TO RETURN YOUR COMPLETED FORM:

IMPORTANT! Please DO NOT include SSN or DoB as conveyance of PII is not permitted in this form.

The individual requesting a DMDCRS account should directly e-mail the completed form to the DMDC Helpdesk at dmdc.dmdcrshelpdesk@mail.mil. Upon receipt of your request, please allow up to two (2) business days to receive your account information. It will be sent via e-mail.

HAVE QUESTIONS? Please contact the DMDCRS Helpdesk, dmdc.dmdcrshelpdesk@mail.mil, COMMERCIAL: +1 831-583-2400 or DSN 322-220-7070. When calling, please be sure to specifically state you are calling for the **DMDCRS** Helpdesk as there are many “helpdesks” at DMDC.

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