



# FedRAMP Deviation Request Form

## INSTRUCTIONS

PLEASE REMOVE THE INSTRUCTIONS BEFORE SUBMITTING FORM.

### WHO SHOULD USE THIS FORM?

Cloud Service Providers (CSPs) with systems that have an existing FedRAMP authorization, seeking approval from FedRAMP related to a false positive (FP), operationally required (OR) risk, or risk adjustment (RA) related to a vulnerability identified as part of assessment or continuous monitoring activities.

### ABOUT THIS FORM

When the CSP identifies a vulnerability that potentially warrants different handling than normally required by FedRAMP, the CSP may submit a deviation request to FedRAMP using this form. Deviation request types include:

- **False Positive (FP):** A finding that incorrectly indicates a vulnerability is present, where none actually exists. Justified through documentation and evidence.
- **Risk Adjustment (RA):** A reduction in the scanner-cited risk level of a finding. Accomplished through existing or new compensating controls that reduce likelihood and/or impact of exploitation.
- **Operational Requirement (OR):** A finding that cannot be remediated, often because the system will not function as intended, or because a vendor explicitly indicated it does not intend to offer a fix to their product. FedRAMP will not approve an OR for a High vulnerability; however, the vendor may mitigate the risk
- **RA & OR:** A single DR may simultaneously justify a risk adjustment and an operational requirement.

NOTE: A vendor Dependency does not require a deviation request.

For more information about deviation requests, see the *FedRAMP Continuous Monitoring Strategy Guide*.

### FORM AND ATTACHMENT INSTRUCTIONS

FedRAMP adjudicates each DR individually. Please submit one form per DR.

1. Complete the form and attach additional pages if necessary.
2. Upload either a digitally signed copy, or a physically signed and scanned copy to OMB MAX.
3. Send a notification message to your FedRAMP POC or [info@fedramp.gov](mailto:info@fedramp.gov) - include the OMB MAX location.

NOTE: The CSP may mark the FP, OR, or RA as "Pending" after they submit the DR, while waiting for FedRAMP adjudication; however, they may only treat the vulnerability differently after FedRAMP approves the DR.

### FedRAMP ACRONYMS

The *FedRAMP Master Acronyms & Glossary* contains definitions for all FedRAMP publications, and is available on the FedRAMP website [Documents](#) page under Program Overview Documents.

(<https://www.fedramp.gov/resources/documents-2016/>)

Please send suggestions about corrections, additions, or deletions to [info@fedramp.gov](mailto:info@fedramp.gov).

### HOW TO CONTACT US

Questions about FedRAMP or this form should be directed to [info@fedramp.gov](mailto:info@fedramp.gov).

For more information about FedRAMP, visit the website at <http://www.fedramp.gov>.



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**Instructions:**

1. Complete the form and attach additional pages if necessary.
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**CSP Contact Information**

Company Name

System Name

Primary POC

Name

Title

Phone

Email

**Vulnerability Information** *(Include only one POA&M item per DR submission.)*

POA&amp;M ID

Scan ID

Assets  
Impacted

Vulnerability Name

Vulnerability Source

Initial Rating *(please choose from drop down menu)*

Choose an item.

Detection Date

Tool-provided  
Vulnerability DescriptionTool-provided  
Recommended ActionCSP-provided Additional  
Vulnerability Information  
*(Optional)***Deviation Request Summary**

DR Number

DR Submission Date

Type of DR *(please choose from drop down menu)*

Choose an item.

DR Rationale



## FedRAMP Deviation Request Form

**Additional Information: False Positive** *(Complete this section only if you are submitting a false positive DR)*

**Evidence Description**

**List of Evidence Attachments**

*Attach evidence, such as screen shots. List evidence attachments here.*

**Additional Information: Operational Requirement**

*(Complete this section if you are submitting an operational requirement or a risk reduced operational requirement DR.)*

**Operational Impact Statement**

*Explain the limitations that prevent the vulnerability from being fixed. Include negative operational impacts of remediation.*

**Justification**

*For a Moderate vulnerability that is not being mitigated to Low, explain why the authorizing official should accept the risk without mitigating it.*

**List of Operational Requirement Attachments**

*Attach evidence, such as screen shots. List evidence attachments here.*



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### Additional Information: Risk Reduction

*(Complete this section if you are submitting a risk reduction or a risk reduced operational requirement DR.)*

Complete all fields below. Include references to the System Security Plan as applicable

To complete the fields in this section, use the CVSS Environmental Score Metrics definitions found here:

<https://nvd.nist.gov/vuln-metrics>

#### Attack Vector

Choose an item.

*Describe whether local access, physical access, or network access is required for vulnerability exploitation.*

*Describe how, based on the CSP's implemented security model, the necessary access is reduced or not available.*

#### Attack Complexity

Choose an item.

*Low attack complexity means that an attacker can exploit the vulnerability at any time, at all times. High attack complexity means that a successful attack depends on conditions outside of the attacker's control.*

#### Privileges Required

Choose an item.

*No privileges required can be exploited by an unauthorized user. Low privileges require a normal authenticated user to exploit the vulnerability. High privileges require an Administrator or System level authenticated user to exploit the vulnerability.*

*Describe any security controls that prevent or reduce the likelihood of a vulnerability exploitation attempt having the required privileges on the system.*



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### User Interaction

Choose an item.

*Describe any security controls that prevent or reduce the likelihood of necessary user interaction on the system.*

### Impact Metrics: Confidentiality

Choose an item.

*High if all information is disclosed to an attacker or some critical information is disclosed. Low if some information can be obtained and/or the attacker does not have control over the kind or degree. None if no information is disclosed.*

### Impact Metrics: Integrity

Choose an item.

*High if an attacker can modify information at any time or only some critical information can be modified. Low if some information can be modified and the attacker does not have control over the kind or degree. None if there is no integrity loss.*



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### Impact Metrics: Availability

Choose an item.

*High if an attacker can cause a resource to become completely unavailable or if the resource is a critical component and can become partially available. Low if an attacker can cause reduced performance or interrupt resources availability or response. None if there is no availability impact.*

### Remediation Level

Choose an item.

*“Official fix” means that a complete vendor solution is available; either the vendor has issued an official patch, or an upgrade is available.*

*“Temporary fix” means that there is an official but temporary fix available. This includes instances where the vendor issues a temporary hotfix, tool, or workaround.*

*“Workaround” means that there is an unofficial, non-vendor solution available. In some cases, users of the affected technology will create a patch of their own or provide steps to work around or otherwise mitigate the vulnerability. “Unavailable” means that there is either no solution available or it is impossible to apply.*

*Describe any remediation that has been taken to address the vulnerability on the affected system(s).*



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### List of Risk Reduction Attachments

*Attach evidence, such as screen shots. List evidence attachments here.*

### Additional Information

Please use the space to the right to provide any additional information you believe is relevant to this deviation request.

### CSP Signature *(To be signed by an individual with the authority to represent the CSP to FedRAMP)*

Name *(Type)*:

Title:

Signature

Date

### For FedRAMP Use Only

Approved: ☐ Yes ☐ No

Date:

FedRAMP Reviewer's Name:

FedRAMP Reviewer's Notes *(Optional)*