



<b>CLASSIFIED STAND-ALONE COMPUTER REGISTRATION / CERTIFICATION</b>			
<b>(SECTION 1) SYSTEM IDENTIFICATION</b> <i>(To be completed by the System Owner)</i>			
1. Agency		2. Office	
3. Purpose of System			
4. Highest Classification of System		Confidential	Secret      Top Secret
<b>System Location</b>			
5. Street Address			
6. Building Name		7. Room Number	
8. City		9. State	10. Zip Code
<b>System Information</b>			
11. Platform Type		Laptop Desktop with removable hard drive Desktop with non-removable hard drive	
12. Operating System Information <i>(Windows XX, Unix, Linux, etc. and version number)</i>			
13. Approved Software Applications <i>(MSOffice, Adobe, Custom software, etc.)</i>			
14. Approved Peripherals <i>(Monitor, Scanner, Printer, etc.)</i>			
<b>System POC Information (by Role)</b>		<b>**Separation of Duties is Required**</b>	
<b>System Owner</b>		15. Security Clearance <i>(PDS Use Only)</i>	
16. Name		17. SSN/Last 4	S
18. Agency		19. Contact No.	TS
			TS/SCI
<b>Administrator</b>		<i>(PDS Use Only)</i>	
20. Name		21. SSN/Last 4	S
22. Agency		23. Contact No.	TS
			TS/SCI
<b>Alternate Administrator</b>		<i>(PDS Use Only)</i>	
24. Name		25. SSN/Last 4	S
26. Agency		27. Contact No.	TS
			TS/SCI



<b>CLASSIFIED STAND-ALONE COMPUTER REGISTRATION / CERTIFICATION</b>		
<b>Certifier</b>		<i>(PDS Use Only)</i>
28. Name	29. SSN/Last 4	S
30. Agency	31. Contact No.	TS TS/SCI
<b>User</b>		<i>(PDS Use Only)</i>
32. Name	33. SSN/Last 4	S
34. Agency	35. Contact No.	TS TS/SCI
<b>(SECTION 2) CERTIFICATIONS</b>		
<b>Personnel and Document Security Division</b> <i>(To be completed by PDS only)</i>		
36. Facility Accreditation Level	Confidential Secret Top Secret	Open Closed
37. Date the facility was accredited or last Security Certification Inspection _____		
38. Information Security Coordinator (ISC) Responsible for System (Printed Name) _____		
I certify that the System POCs listed above in Section 1 possess the indicated security clearance, and that the facility is approved for the appropriate level of processing. I have registered this computer in the master listing of classified systems.		
39. Printed Name	40. Signature	41. Date
<b>System Configuration</b> <i>(To be completed by the System Owner only)</i>		
I have properly labeled the computer and the associated hard drive with the registration number and the highest level of classification to be processed. I have implemented all controls in the SSP for the classified stand-alone computer identified in Section 1 (Blocks 11-14.)		
42. Printed Name	43. Signature	44. Date
<b>Verification</b> <i>(To be completed by the System Certifier only)</i>		
I have verified that the System Administrator has implemented all the controls listed in the Master MSSP. I certify that this system meets the minimum prescribed configuration required to process classified information.		
45. Printed Name	46. Signature	47. Date
<b>(SECTION 3) AUTHORIZATION</b> <i>(To be completed by the DAA)</i>		
I certify that the Information Assurance Risk Management process has been completed IAW CNSSP 22, CNSSI 1253, NIST SP 800-30, NIST SP 800-39, NIST SP 800-37, and NIST SP 800-53A. I hereby authorize this system to process Classified National Security Information (CNSI) at the classification level identified in Section 1 (Block 4.)		
48. Printed Name	49. Signature	50. Date