



DEFENSE INFORMATION SYSTEMS AGENCY
DEFENSE ENTERPRISE COMPUTING CENTER
SAN ANTONIO
2261 HUGHES AVE, STE 117
JBSA LACKLAND, TEXAS 78236-9816

LAPTOP/HARDWARE ENTRY AUTHORIZATION FORM

1. The use of Contractor/Vendor sponsored networking equipment in DECC San Antonio must be approved before usage. These devices pose potential risk and their continued use must follow the guidelines established by DECC San Antonio.
2. All device information must be completed in the questions below before approval can be granted.
3. The approval period must state duration of usage to include multiple days if applicable.

Name: _____ Request Date: _____

Company: _____ Phone: _____

Dates of Requested Usage: _____

DECC SATX POC Name: _____

Hardware Type (ex: laptop, router, wifi mifi etc.): _____

Make: _____ Model: _____

Serial Number: _____ Barcode: _____

SSID: _____ Carrier: _____

MAC Address: _____

Operating System (if applicable): _____

Equipment Owner:

Government (Hand Receipt Required)

Contractor/Vendor

Company Security POC & Phone#: _____

Purpose for Use:

Location of Work to be Performed (i.e Computer Room 1, Rack AA35/Admin Area/Break Room):

Read Statement Below and Initial Next to Each Section:

I understand the networking device(s) cannot be brought into or utilized in any secure computer room within DECC-SATX without approval. _____

I understand the network device(s) may not be plugged into any DISA-owned/operated system, whether networked or not without approval. _____

I understand that no DISA-owned information may be copied from the network device(s) without approval. _____

I understand that this approval can be revoked at any time for cause by the DECC SATX Cyber Security Office (OPA11) or Security Office. (OPA3) _____

Visitor Name: _____ **Date:** _____

Signature: _____

For DECC SATX Internal Use Only:

OPA11 End User Support Yes No

Laptop Verification (if applicable)

Wireless Capability Disabled (Required):

Bluetooth Capability Disabled (if applicable):

OPA11 Name: _____ **Date:** _____

Time: _____ **Signature:** _____

OPA 13 Cyber Security Section

The requested device is approved for usage at DECC SATX for the dates requested above.

OPA13 Name: _____ **Date:** _____

Signature: _____