



# File Interchange Service (FIS) Derivative Classifier (DC) Pool Change

This form is used to create a new DC pool, add DCs to or remove DCs from an existing pool, or update expiration dates for DCs in an existing pool. All DC pool members must be Q-cleared because they will be given login access to the SCF or SNSI Transfer Nodes. Expiration dates are associated with each DC pool member as a means of re-evaluating the status of a DC's review authority. DCs may not review their own file(s).

### Section A: User Information

Last Name	First Name	Middle Initial
Official User Name (last name + number)	Phone	
Unclassified E-mail	UID (for LC use only)	

### Section B: LLNL Employees Only

Directorate/Department/Division
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### Section C: DC Pool Information

DC Review Pool Name (8 character maximum)	DC Pool Type <input type="checkbox"/> SCF <input type="checkbox"/> SNSI	Directorate/Department/Division of DC Pool
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### Section D: Add Users to DC Pool

Please Provide the Following Information for User(s) to Be Added to DC Pool		
Full Name (please print)	SCF or SNSI LC User Name	Type of files DC will be reviewing*
_____	_____	<input type="checkbox"/> UNIX/ASCII Text    Other _____
_____	_____	<input type="checkbox"/> UNIX/ASCII Text    Other _____
_____	_____	<input type="checkbox"/> UNIX/ASCII Text    Other _____

\*For files other than text, please attach a Computer Security Office (CSO) approved plan for reviewing and ensuring that no classified data will be inadvertently transmitted.

### Section E: Remove User(s) from DC Pool

Please Provide the Following Information for User(s) to Be Removed from DC Pool	
Full Name (please print)	SCF or SNSI LC User Name
_____	_____
_____	_____
_____	_____

### Section F: Update Expiration Date for Existing DC Pool Member(s)

Please Provide the Following Information for Users to Be Updated for Existing DC Pools	
Full Name (please print)	New Expiration Date for DC Review Authority
_____	_____
_____	_____
_____	_____

### Section G: User Agreement

To become a DC for LLNL's FIS, I acknowledge: I may review UNIX ASCII text files; to review any other data for transfer would require a security plan describing the review process that will ensure the data does not contain any hidden information; the plan will require LLNL CSO approval; and, I may not review my own data for transfer from SCF or SNSI to OCF.

User Signature	Date
_____	_____

### Section H: Authorization

The individual(s) named above have authorization to review institutional FIS files.		
Department/Division Leader Name (please print)	Department/Division Leader Signature	Date
_____	_____	_____
Associate Director Concurrence Name	Associate Director Concurrence Signature	Date
_____	_____	_____

**Mail or fax completed forms to LC Customer Service Group**

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Questions? Contact the LC Customer Service Group by phone at (925) 422-4531, Option 2 or send e-mail to [lc-support@llnl.gov](mailto:lc-support@llnl.gov)