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

Section C: DC Pool Information

DC Review Pool Name (8 character maximum)	DC Pool Type	Directorate/Department/Division of DC Pool
	☐ SCF ☐ SNSI	

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*
_____	_____	☐ UNIX/ASCII Text Other_____
_____	_____	☐ UNIX/ASCII Text Other_____
_____	_____	☐ 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
Lawrence Livermore National Laboratory, PO Box 808 L-63, Livermore CA 94551 • Fax (925) 422-0592
Questions? Contact the LC Customer Service Group by phone at (925) 422-4531, Option 2 or send e-mail to lc-support@llnl.gov

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