

Date: _____

Subject: CAC PIN Reset (CPR) User Qualifications Affidavit

To: CAC Program Management Office, CPR Project Manager

The individual named below has been nominated as

() Trusted Agent Security Manager (TASM) () CAC Pin Reset Trusted Agent (CTA)

I certify that by use of interviews or other means, I have confirmed that the named individual meets the following qualifications. The nominated individual:

- Is a Common Access Card (CAC) holder
- Is a United States citizen
- Has not been convicted of a felony offense, been knowingly denied a security clearance, or had a security clearance revoked
- Has had a National Agency Check (NAC) background investigation completed
- Is a DoD uniformed service member, DoD civilian, or contractor
- Is capable of sending and receiving digitally signed and encrypted email
- Is trustworthy
- Is knowledgeable of U.S. Navy property accountability procedures
- Has a minimum of six months retainability
- Has a working knowledge of the CPR system and the site to which they are assigned

TASM/CTA Information

Name: _____
(Print)

Command: _____

Email address: _____ **Telephone:** _____

Requested/Approved by

Name: _____
Supervisor Name (Print)

Signature: _____

Command: _____ **Title/Rank:** _____

Email address: _____ **Telephone:** _____