

INSTRUCTIONS FOR COMPLETING SAAR-N OPNAV 5239/14 (REV 9/2011) FOR TOPS

THE FORM CAN BE PRINTED OUT AND SIGNED WITH INK OR DIGITALLY SIGNED. *IF DIGITALLY SIGNED CHANGES CANNOT BE MADE AFTER THE SIGNATURE IS IN PLACE.* ALL SIGNATURES MUST BE CONSISTENT ON THE FORM, EITHER ALL INK OR ALL DIGITAL. ONCE COMPLETED SUBMIT VIA TOPS OR ENCRYPTED EMAIL ALONG WITH THE CPC DESIGNATION LETTER.

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TYPE OF REQUEST: SELF EXPLANATORY

USER ID: CHECK THIS BOX AND ENTER LAST NAME FOLLOWED BY CPCS UIC ON THE LINE PROVIDED. *EXAMPLE: SAILOR00000*

DATE: DATE OF REQUEST

SYSTEM NAME: TOPS

LOCATION: PHYSICAL LOCATION OF COMPUTER WITH TOPS

1. NAME
2. CPC'S COMMAND NAME
3. USER'S ACTUAL UIC
4. PHONE NUMBER
5. CPC'S MILITARY EMAIL ACCOUNT
6. JOB TITLE AND GRADE/RANK
7. OFFICIAL MAILING ADDRESS OF CPC'S COMMAND
8. CHECK APPROPRIATE BOX
9. CHECK APPROPRIATE BOX
10. IA AWARENESS TRAINING INFORMATION MUST BE COMPLETED
11. CPC-TOPS (INCLUDE THE UIC(S) CPC REQUIRES ACCESS FOR
12. CHECK AUTHORIZED
13. CHECK UNCLASSIFIED
14. CHECK THE BOX. FOR 14A: DATE IS EITHER A YEAR FROM REQUEST DATE, THE CPC'S PRD, OR THE CTR'S EXPIRATION DATE, WHICHEVER IS SOONER. FOR CTRS THE COMPANY NAME, CONTRACT NUMBER, AND EXPIRATION DATE MUST BE INCLUDED.
15. CPC SUPERVISOR'S ORGANIZATION/DEPARTMENT. 15A-16B PERTAINS TO THE SUPERVISOR ALSO.

*NO OTHER INFORMATION ON PAGE 1 IS TO BE COMPLETED.

22. – 25. CPC MUST READ THE USER AGREEMENT AND USER RESPONSIBILITIES. COMPLETE BLOCKS 23 THROUGH 25. THAT WILL COMPLETE THE FORM

***SECURITY SECTION IS NO LONGER REQUIRED FOR TOPS SAARS.**

*** IF APPLYING DIGITAL SIGNATURES, THE DATE BLOCKS MUST BE COMPLETED BEFORE THE SIGNATURE IS APPLIED.**