



All Partners Access Network (APAN)

CUI RITM NUMBER

CONTROLLED UNCLASSIFIED INFORMATION(CUI) COMMUNITY REQUEST FORM

COMMUNITY INFORMATION

NAME OF APAN COMMUNITY		APAN COMMUNITY URL	
RENEWAL <i>(Indicate if this is a renewal request or a new request)</i> <input type="checkbox"/> NO, THIS IS A NEW REQUEST <input type="checkbox"/> YES, THIS IS A RENEWAL		ORIGINAL START DATE	
DESCRIPTION <i>Provide the Category Markings of the content users will upload to APAN. Reference column 4 of the CUI registry at https://www.archives.gov/cui/registry/category-marking-list and the APAN CUI SOP at https://community.apan.org/support/m/info/262862</i>			
ESTIMATED NO. OF USERS	ALPHA 3 COUNTRY CODE(S) OF ALL PARTICIPATING NATIONS SEE ISO SEARCH		<input type="checkbox"/> CHAT CUI REQUEST
START DATE	END DATE	<input type="checkbox"/> ANTICIPATE NEED FOR RENEWAL <input type="checkbox"/> INCLUDES U.S. PII CONTENT	<input type="checkbox"/> ADOBE CONNECT CUI REQUEST <input type="checkbox"/> MAP/GIS CUI REQUEST
JUSTIFICATION <i>(Justify why the proposed CUI request should be approved and/or impact if not approved)</i>			

PRIMARY COMMUNITY OWNER (PCO) ACKNOWLEDGEMENT

RANK&TITLE or POSITION	NAME	ORGANIZATION or COMMAND
COMMERCIAL WORK PHONE NUMBER with AREA CODE	EMAIL ADDRESS	
<input type="checkbox"/> I read the APAN Community Owner Guidelines , APAN Applications Governance , and the APAN CUI SOP , and I have submitted a new COA form.		

INFORMATION OFFICIAL (IO) ACKNOWLEDGMENT

RANK&TITLE or POSITION	NAME	ORGANIZATION or COMMAND
COMMERCIAL WORK PHONE NUMBER with AREA CODE	EMAIL ADDRESS	
<input type="checkbox"/> I read the APAN CUI SOP. I acknowledge and accept the risk of managing CUI data stored and exchanged within this APAN Community. APAN is hosted within a DoD Cloud Computing Security Requirement Guide Impact Level 4 Environment (using CNSSII 1253 High baselines) which is authorized to accommodate Controlled Unclassified Information, but I acknowledge that designating information as CUI to be protected within APAN at Level 4 is the responsibility of the owning organization.		
PRIMARY COMMUNITY OWNER SIGNATURE		IO SIGNATURE

TO BE COMPLETED BY APPLICATION SERVICE PROVIDER (ASP)

APAN TECHNICAL DIRECTOR APPROVAL	APAN CAPABILITY LEAD APPROVAL
APPROVED BY	APPROVED BY

Instructions: Sign and return this form to the APAN staff member who is processing your request. APAN will maintain a copy of this document.