



## Creating an Account... Step 1

### Register with Smart Card

**IMPORTANT:** When prompted, select a PKI certificate that has an e-mail address.

DoD CAC

### ...or with Email

**Enter your email address**

Continue....

### Privacy Act Statement

**AUTHORITY:** 5 U.S.C. 301, Departmental Regulations; E.O. 13526, Classified National Security Information; DoDM 5200.01-Volume 3, DoD Information Security Program: Protection of Classified Information; DoD 5200.2-R, Personnel Security Program.

**PURPOSE:** To identify individuals who apply for, and are granted, access privileges to DTIC products and electronic information systems.

**ROUTINE USES:** Information is used for the purpose set forth above and may be disclosed outside the DoD pursuant to the "Blanket Routine Uses" set forth at the beginning of the OSD's compilation of Systems of Records Notices.

**DISCLOSURE:** Voluntary, but failure to provide the requested personal information may prevent the individual from gaining access to DTIC's controlled information services.

To read the full content of the DTIC System of Records Notice (SORN), [click here](#).  
Privacy Impact Assessment, (PIA). [click here](#)

### Agency Disclosure Notice

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number

OMB CONTROL NUMBER: XXXX-XXXX [placeholder]

OMB EXPIRATION DATE: XX/XX/XXXX [placeholder]



Account Creation... Step 4  
For Contractor, Potential Contractor, and Non-DoD Government Personnel

OMB Control Number [placeholder]    Expiration date [placeholder]

**Asterisk (\*) denotes required fields**

[Instructions](#)

General Information	
<b>First Name*</b>	<b>Middle Initial</b>
<b>Last Name*</b>	<b>Title</b>
<b>U. S. Citizen*</b> Yes    No	<b>Organization *</b>
<b>Email Address*</b>	

Password
<b>Password*</b> <input type="checkbox"/>
<b>Re-enter Password*</b>
<b>Password Reset Question*</b>
<b>Password Reset Answer*</b>

Phone/Fax	
<b>Commercial Phone *</b>	<b>Commercial Fax</b>
<b>DSN Phone</b>	<b>DSN Fax</b>

Organization/Company Mailing Address	
<b>Office Symbol (Attention)</b>	<b>City*</b>
<b>Street Address 1*</b>	<b>State*</b> - select -
<b>Street Address 2</b>	<b>ZIP Code*</b>
<b>Street Address 3</b>	<b>Country*</b>

UNITED STATES

**Contract Information (Contractors ONLY)**

**Prime Contract Number\***

**MCTDA Number**

**Cage Code**

**Contract Classification\***

**MCTDA Exp Date**

**Contract Expiration Date \***

- select -

**Type of Access Required**

Public Release  
Only

Unclassified/Limited

**U.S. Government Approving Official (GAO)**

**First Name \***

**Phone Number \***

**Last Name \***

**Email \***

**Organization \***

[« Start Over](#)