



# INFORMATION ASSURANCE CAPABILITIES

## Commercial Solutions for Classified

*harnessing the power of commercial industry*

**Data-at-Rest**

**Capability Package**

***Registration Package***

# Commercial Solutions for Classified Data-at-Rest Registration Form

Upon completion of this form, please fill appropriate overall classification and portion mark all classified fields entered.

Completed form will be at least UNCLASSIFIED//FOR OFFICIAL USE ONLY.

If completed form is classified, please contact CSfC PMO for delivery instructions.

Send complete form to [csfc\\_register@nsa.gov](mailto:csfc_register@nsa.gov).

Initial CSfC Registration for a new CSfC Solution

Registration Re-submittal (for a recently submitted and unapproved CSfC Registration)

Existing (one-year) Registration Renewal to renew an existing and previously approved CSfC Registration

GENERAL INFORMATION	
Agency or Service Using Solution:	
Solution Name:	
Classification of Complete Form:	
Capability Package:	Data-at-Rest Capability Package
Capability Package Version:	
Capability Package Solution Design from DAR CP - Table 2	
Classification of Data Processed:	
Network/Solution Location:	
Date Submitted:	
Renewal Date:	One year from Date Approved
Total # of Submitted Deviations:	

OPERATIONAL POINT OF CONTACT (POC)	
Last Name:	
First Name:	
Title:	
Organization:	
Address:	
City:	
State:	
Zip Code:	
Telephone (Commercial):	
Telephone (DSN):	
Email Address (INTERNET):	
Email Address (SECRET):	
Email Address (TOP SECRET):	

ALTERNATE OPERATIONAL POC	
Last Name:	
First Name:	
Title:	
Organization:	
Address:	
City:	
State:	
Zip Code:	
Telephone (Commercial):	
Telephone (DSN):	
Email Address (INTERNET):	
Email Address (SECRET):	
Email Address (TOP SECRET):	

DESIGNATED APPROVAL AUTHORITY (DAA) or AUTHORIZING OFFICIAL (AO)	
Last Name:	
First Name:	
Title:	
Organization:	
Address:	
City:	
State:	
Zip Code:	
Telephone (Commercial):	
Telephone (DSN):	
Email Address (INTERNET):	
Email Address (SECRET):	
Email Address (TOP SECRET):	

INTEGRATOR INFORMATION	
Technical POC Last Name:	
Technical POC First Name:	
Title:	
Company, Service, Agency, or Organization:	
Address:	
City:	
State:	
Zip Code:	
Telephone (Commercial):	
Telephone (DSN):	
Email Address (INTERNET):	
Email Address (SECRET):	
Email Address (TOP SECRET):	

ALTERNATE INTEGRATOR INFORMATION	
Technical POC Last Name:	
Technical POC First Name:	
Title:	
Company, Service, Agency, or Organization:	
Address:	
City:	
State:	
Zip Code:	
Telephone (Commercial):	
Telephone (DSN):	
Email Address (INTERNET):	
Email Address (SECRET):	
Email Address (TOP SECRET):	

ADDITIONAL POC (optional)	
Last Name:	
First Name:	
Title:	
Company, Service, Agency, or Organization:	
Address:	
City:	
State:	
Zip Code:	
Telephone (Commercial):	
Telephone (DSN):	
Email Address (INTERNET):	
Email Address (SECRET):	
Email Address (TOP SECRET):	

**FOR EACH COMPONENT CHOSEN FROM THE CSfC COMPONENTS LIST**

Please complete all fields for component entries (N/A is acceptable for un-used components).

Component Make / Model:	
Component Function:	DAR Layer (outer)
Component Version / Release Level:	
Encryption Algorithm/Mode/Key Length:	
Deviation Submitted (Yes or No):	

Component Make / Model:	
Component Function:	DAR Layer (inner)
Component Version / Release Level:	
Encryption Algorithm/Mode/Key Length:	
Deviation Submitted (Yes or No):	

Component Make / Model:	
Component Function:	End User Device
Component Version / Release Level:	
EUDs in Overall Solution (estimated):	
Deviation Submitted (Yes or No):	

Component Make / Model:	
Component Function:	
Component Version / Release Level:	
Deviation Submitted (Yes or No):	

Component Make / Model:	
Component Function:	
Component Version / Release Level:	
Deviation Submitted (Yes or No):	

Component Make / Model:	
Component Function:	
Component Version / Release Level:	
Deviation Submitted (Yes or No):	

Briefly, (in 2-3 sentences) describe how this CSfC solution meets the operational mission objectives. Also, please specify how many end-users will be supported by the CSfC solution:

General Comments:

**APPROVING OFFICIAL SIGNATURE REQUIRED**  
Please select the applicable statement

By signing below the AO is asserting compliance with the published Data-at-Rest CP, and acknowledges / accepts the risk of fielding a CSfC solution.

**X**

Date \_\_\_\_\_

By signing below, the AO acknowledges enclosing the Data-at-Rest CP Deviation Approval Letter signed by NSA and acknowledges / accepts the risk of fielding a CSfC solution.

**X**

Date \_\_\_\_\_