

USER ROLE AUTHORIZATION AGREEMENT

CONTRACT NUMBER

TASK ORDER NUMBER

LAST NAME

FIRST NAME

ORGANIZATION

DEPARTMENT

RETURN SIGNED FORM TO:

, WIRELESS MANAGER

ACCOUNT NUMBER

SERVICE PROVIDER

PHONE NUMBER

ISSUED BY

FRIENDLY NAME

DEVICE NAME

AUTHORIZED USES FOR DEVICE

UNAUTHORIZED USES FOR DEVICE

CARE: I agree to keep the device in good working condition and safeguard the use of the phone.

I acknowledge receipt of device _____ and certify that I will comply with the DON CIO Guidance and acknowledge the uses stated above.

I acknowledge that I am accountable for this Government property and may be held financially responsible for the replacement of issued item(s). Item(s) missing, lost, stolen, or damaged must be reported immediately. I understand that this device is to be used for official business only. I understand that I may not de-struct any device or otherwise try to duplicate device technology and that I may be held personally accountable for such actions.

SIGNATURE OF USER

DATE

PRINTED NAME OF USER

DATE