HAIPE Keying Material Request

AIPE Reying Materia	mequ	631			
CONAUTH					
	Controlling Authority: who will control this material, creation through destruction?				
No. OF SHORT TITLES REQUIRED	How many different 12-segment keys are required?				
SHORT TITLE	*				
EDITION *	÷				
COPIES					
	Based on the number accounts will be receiving material from Tier 0.				
SEGMENTS	12				
CYPTOPERIOD	Monthly				
SUPERSESSION RATE	Annual				
USAGE	Operational Test				
TRUST ANCHOR	÷				
EQUIPMENT TYPE					
	Identify which equipment request is for.				
CLASSIFICATION	Top Secret Crypto Secret Crypto Confidential Crypto Unlassified Crypto and Restricted				idential Crypto
OWNERSHIP	NA	NATO	NATO REL	COSMIC	COSMIC REL
CAVEAT	NA	CRYPTO	NON-CRYI	РТО	
CUSTOMER PROJECT					<i></i>
	Name of project or distinctive title of key requirement. (Optional)				
ACCOUNT POC	Name, title, address or requesting account. An account should have an LMD/KP. The mate- rial will be sent directly to that account from the Tier 0 Message Server. If account does not have an LMD/KP then they must identify a host EKMS account to receive the keys for further transfer to them.				
COMSEC ACCOUNT NUMBER					
POC PHONE NUMBERS	All phone numbers of requesting account to include NSTS, DSN and Commercial.				
COUNTRIES REQUIRING KEY	List all countries that require keys. A separate list for each short title, unless identical, should be provided.				
ADDITIONAL ACCOUNTS TO BE ADDED TO DISTRIBUTION		-			
	Need a list of all COMSEC accounts to receive requested material. An account should have an LMD/KP. The material will be sent directly to that account from the Tier 0 Message Server. If account does not have an LMD/KP then they must identify a host EKMS account to receive the keys for further transfer to them. When requesting an In-Place Date (IPD), allow for approximately one to two weeks production time. Delivery times could vary based on generation systems overall health and availability. Please e-mail completed form to: GET_APPK@nsa.gov If e-mail isn't available, print and fax the completed form. Phone: 410-854-4126 Fax: 410-854-6403				
REQUESTED IPD					

* Customer to complete this field if known