

NCMS FORM 1

(DDMMYY)

From: _____
(Command title and mailing address)

To: CMIO Norfolk

Subj: **AUTHORIZATION TO RECEIPT FOR AND COURIER COMSEC MATERIAL**

Ref: (a) EKMS 1 (series)

1. Per reference (a), the below named individuals are authorized to drop-off, receipt for and courier COMSEC material for the above EKMS numbered account command:

RATE/RANK/GRADE	NAME (Last, First, MI)	SSN ↑ (Last 4)	SECURITY CLEARANCE	POSITION	SIGNATURE
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---LAST ENTRY---

2. a. EKMS ID number:
b. Highest Classification Indicator (HCI):
c. Command Telephone number(s): COMM: ()
DSN:
d. ISIC:

3. I certify that the individuals identified above are assigned to my command; are authorized to drop-off, receipt for and courier COMSEC material for the above command/account and possess a security clearance equal to or higher than that of the COMSEC material being handled.

AUTHORIZING OFFICIAL SIGNATURE:

RANK/GRADE NAME (Last, first, MI) POSITION (e.g., CO, OIC)

NOTE: By direction signatures are not authorized. In the absence of the CO, the signature must be that of the official "Acting" in the capacity of the CO and indicated as such.

Privacy Act Statement: Authority for requesting the last (4) of your SSN is Executive Order 9397, as amended. The requested information you provide will be used to validate your identity to courier, deliver and receipt for COMSEC material. Your disclosure of the requested information is voluntary. However, failure to furnish the requested information may prevent performance of official duties and reassignment.

NCMS FORM 1 INSTRUCTIONS

1. **Purpose:** NCMS Form 1 is a locally prepared form that is used to authorize appropriately cleared personnel, one of whom must be the EKMS Manager or Alternate, to receipt for and courier COMSEC material between their command and CMIO. CMS Form 1 must be submitted on command letterhead or official naval message.

NOTE: NCMS Form 1 is required ONLY if material will be picked up from CMIO.

2. **Preparation:** All information, less signatures, must be typed or printed (in black/blue-black ink); signatures must be signed on both copies of CMS Form 1 in black/blue-black ink.

a. **Date:** Enter the date the authorizing official signs the form.

b. **Command title and address:** Enter the command name and complete mailing address.

c. **Authorized personnel:** Enter the required information and have each individual verify the information by affixing their signature. Enter "LAST ENTRY," immediately below the last name.

d. **EKMS ID number, HCI, telephone numbers, and ISIC:** Enter the required information.

e. **Authorizing official signature and data:** The authorizing official must be the CO, OIC, or SCMSRO of the EKMS account command or the designated individual acting on their behalf.

3. **Submission:** The NCMS Form 1 must be submitted via letter, scanned and digitally signed/encrypted email or naval message. In the event of a short-fused emergent operational requirement, a message containing the same information as a NCMS Form 1 may be submitted in order to receipt for and courier COMSEC material. Use of a message does not negate the requirement for an account to ensure that CMIO holds a valid NCMS Form 1.

4. **Disposition:** Forward the original copy of NCMS Form 1 to CMIO and retain a copy in the CMS Chronological File.

5. **Changes:** Whenever there is a change in the authorizing official or the personnel authorized to receipt for and courier COMSEC material, a new CMS Form 1 must be submitted.

6. **CMIO Action:** Retain the NCMS Form 1 on file for each EKMS/COMSEC account and ensure that COMSEC material is received from/released only to personnel that are listed on a valid NCMS Form 1.