

Appointment Letter

For Designating Vendor Contractor Administrators for PIEE

CAM First and Last Name _____

CAM E-mail Address _____

CAM Phone Number _____

1. You are hereby appointed as a Contractor Administrator (CAM) for the Procurement Integrated Enterprise Environment (PIEE). Your span of control includes the following group names and CAGE codes.

Group Name(s):

CAGE Code(s):

2. As a CAM, you are a critical part of maintaining system security because you have the ability to grant/deny access to users.
3. You accept the CAM role as a trusted agent for your company. You will comply with your company policies regarding security functions performed in support of your company and the PIEE Program Office.
4. You are responsible for the following activities:
 - a. Establish and maintain organizational e-mail for each CAGE Code under your span of control.
 - b. Activate/Inactivate users in your group.
 - c. Establish the position of trust for non-CAC users.
 - d. Any CAM activating a Vendor as a **CAM must validate Vendor's identity** by verifying information the Vendor has entered during the registration process (i.e. security questions and answers)
5. When determining privileges and profiles, you will comply with the **principle of least privilege** (Granting minimal access for that which the user needs).
6. As a CAM, you will **verify the identity of an individual** prior to granting access to your group in the PIEE. In addition, you are responsible for ensuring compliance with the PIEE access control policy along with additional access control guidance issued by your company.
7. You will ensure timely escalation and notification of suspected incidents in accordance with your company's incident response policy.

8. You agree to have your first name, last name, phone number and email address as contact information for users under your administration listed on the PIEE web site.
9. Once this form has been completed, please return it to

disa.global.servicedesk.mbx.eb-ticketrequests@mail.mil.

ACKNOWLEDGEMENT OF APPOINTMENT

By signing and dating below, I acknowledge my appointment. I have read and understand my responsibilities and accountability as contained in this Appointment Letter.

I have also been briefed on my specific roles and responsibilities as defined in this Appointment Letter. I further understand that this appointment will remain in effect until revoked in writing.

Signature of CAM Appointee _____

Date

Electronic Business POC Name (Print) _____

Electronic Business POC (Signature) _____

Date