

**DATA TRANSFER AGENT (DTA) AGREEMENT ACKNOWLEDGEMENT**

I have read the DTA Agreement regarding the access of US Government systems and networks. I understand and acknowledge the responsibilities associated with having privileged accesses on information systems and will protect the information contained therein.

I understand that failure to comply with the above requirements is a violation of the trust extended to me for privileged access roles and may result in one or more administrative or judicial actions such as, but not limited to:

- a. Chain of command revoking IS privileged access and/or privileges
- b. Counseling
- c. Adverse actions under the UCMJ, Civil, and/or criminal prosecution
- d. Discharge or loss of employment
- e. Security incident reporting
- f. Revocation of Security clearance and program accesses

\_\_\_\_\_  
PRINTED NAME OF USER

\_\_\_\_\_  
USER'S SIGNATURE

\_\_\_\_\_  
DATE

The above individual received the necessary training and has complied with all requirements to perform data transfer duties.

\_\_\_\_\_  
PRINTED NAME OF TRAINER

\_\_\_\_\_  
TRAINER'S SIGNATURE

\_\_\_\_\_  
DATE

**ANNUAL CERTIFICATION AND ACKNOWLEDGEMENT:**

\_\_\_\_\_  
PRINTED/TYPED NAME OF USER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED/TYPED NAME OF USER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

---

PRINTED/TYPED NAME OF USER

---

SIGNATURE

---

DATE

---

PRINTED/TYPED NAME OF USER

---

SIGNATURE

---

DATE

---

PRINTED/TYPED NAME OF USER

---

SIGNATURE

---

DATE

---

PRINTED/TYPED NAME OF USER

---

SIGNATURE

---

DATE

---

PRINTED/TYPED NAME OF USER

---

SIGNATURE

---

DATE

---

PRINTED/TYPED NAME OF USER

---

SIGNATURE

---

DATE