## **New Usage Request Form**

## DISAWERX

Use this form for requests to use the DISAWERX Innovation Center

\*\* Please spell out any acronyms to avoid confusion \*\*

Submit completed copies to:

DISAWERX: <a href="mailto:disawerx@mail.mil">disa.meade.em.mbx.disawerx@mail.mil</a>

301-225-7428

**Section 1: Requestor Information** 

Requestor Name:	Title/Rank:								
Address:	Phone:								
Email:									
ection 2: Purpose of Request									
Testing/Evaluation	Demonstration								
Non-Disclosure Requirements									
specific DISAWERX Innovation Projects may require a non-disclo	RX participants for most DISAWERX activities. However, in some cases, osure agreement. DISAWERX participants can make individual decisions as to ent in such cases. DISA government personnel will not sign individual n-disclosure rules.								
Description									
diagrams, documents, or references to include any product doc operation, and maintenance required of administrators. If you section accordingly. If you are demonstrating, specify the name Center is best suited to your needs.	details of what the test of demo is supposed to achieve. Attach all relevant numentation (i.e. capability documents) describing configuration, installation, are testing a software/application or utility, fill out "Application/Software" es of the demo attendees. Explain why you feel the DISAWERX Innovation								
Application/Software  Provide information and details on the application / code and it	s functionality								
Name of Application/Code:  Function:	S functionality.								

Version:	
Is any "Open Source" code used on the application:	No
Developer/s information:	
Network Requirements  Describe required address space requirements, bandwidth, etc.	
Software	
Describe software or operating systems that may be required, as well as licensing, etc.	
Hardware  Describe the following requirements:	
a) How much RAM do you intend to use for your virtual machines?	
b) How much hard drive space do you intend to use?	
c) What operating system (OS) do you intend to use?	

d) Will you bring your own OS image, or will you use our standard Windows 10 Enterprise OS Disk image?										
e) How much network bandwidth do you need?										
External System (	Communication I	Requirements								
External System Communication Requirements  In the table below, list the components that require communication with any external system. Please specify the source and target IP addresses, ports and protocols used by each.										
External System Name and Domain	Function	Incoming/ Outgoing	Ports	Protocols		Target IP Address				
Other Informatio		the DISAMERY perso	nnol							
Additional Hardw		ICANA/EDV2					1			
Will additional hardw		ISAWERX		YES			NO			
Item	If yes, complete the following table:  Item		Barcode /	Barcode / Serial #		Dimensions (if floor space is required)				
Proposed Timelin	ıe									
Provide a timeline for the product testing / demonstration to include proposed start and completion dates and any significant milestones. If you are using the DISAWERX Innovation Center for a demo, you must specify a date for a rehearsal at least one week n advance of the actual demo date. Include the date that necessary equipment will be delivered to the DISAWERX Innovation Center.										
Date	the date that hecess	Milestone				Description				