Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas	SERVER NETWORK ACCESS REQUEST FORM	SNARF Control No.

Fill in all applicable spaces.   V.2008.02.21

I. CONNECTION TO BIR NETWORK
Requesting Party

Last Name   First Name   M. I.

Office/Service/Division   Telephone Number   Date: (mm/dd/yyyy)

Purpose of Request/Justification :

Current IP/Hostname (If any):

Period of Use:
- Temporary ☐   From (mm/dd/yyyy)   To (mm/dd/yyyy)
- Permanent ☐

Inbound Ports to be opened: Outbound Ports Address to be opened: Signature of Requesting Party

Connection Details:

Internet Connection :   Y ☐   N ☐   Server Connection: Attachment:
Link Icon Ready?   Y ☐   N ☐   CDF ☐   ITS ☐   ☐ System Infrastructure Diagram
Intranet Connection: Y ☐   N ☐   Others, Pls. Specify _____   ☐ Others :_____

II. VULNERABILITY ASSESSMENT TEST EVALUATION (to be filled up by SMD-ISPMS)

Type of Conduct   **Type of Scanning**

☐ Initial Conduct   ☐ Regular Conduct   ☐ As Requested   ☐ Same Network Segment

	1st Date	2nd Date	3rd Date	4th Date
Subsequent Conducts No of Test/s:	☐ ___	☐ ___	☐ ___	☐ ___
Number of Holes:	☐ ___	☐ ___	☐ ___	☐ ___
Number of Security Warnings:	☐ ___	☐ ___	☐ ___	☐ ___

☐ Cross Cable

_____   _____
Signature Over Printed Name   Date

RECOMMENDATIONS:

☐ **READY FOR CONNECTION**   ☐ **NOT READY FOR CONNECTION**

Network   Hardware   Reason/s:
☐ Internal   ☐ Hardened
☐ External   REMARKS :
☐ Open Ports   Action taken/s:
Specify Ports : _____

Approved / Disapproved :

_____
Chief, Security Management Division
(Signature over Printed Name)

Date (mm/dd/yyyy)

To be filled up by System Administrator   ☐ BIR- DWSOD   ☐ CONTRACTOR   ☐ BIR - DEVELOPMENT TEAM

☐ Services enabled   Reason: ☐ Services disabled   Reason
_____   _____
_____   _____
_____   _____

Performed by: Noted by:

_____   _____   _____   _____
System Administrator   Date   Head, System Administrator , DWSOD   Date

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To be filled up by Network Administrator :

IP Address (es)   Host Name (s)   Approved by:

_____
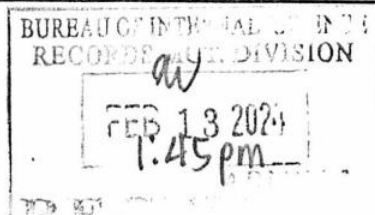Head, Network Administration Section, NMTSD
(Signature over Printed Name)

Implemented by:

_____
Network Administration Section, NMTSD
(Signature over Printed Name)

Appoved by:

_____
Assistant Commisioner, ISDOS
(Siganture Over Printed Name)

Date (mm/dd/yyyy)

III. RE-VALIDATION OF CONNECTED SERVERS

Type of Conduct

	1st	2nd	3rd
Subsequent Conducts No of Test/s:	☐	☐	☐
Number of Holes:	☐	☐	☐
Number of Security Warnings:	☐	☐	☐

Type of Scanning

☐ Same Network Segment   ☐ Ready for Implementation

☐ Cross Cable   ☐ Not for Implementation
Reason :

_____

_____

_____

Recommended By:

_____
Chief, Security Management Division
Signature over Printed Name

Date (mm/dd/yyyy)

Noted By:

_____
Project Manager

Date (mm/dd/yyyy)

Approved/ Disapproved:

_____
Assistant Commissioner, ISDOS
Signature over Printed Name

Date (mm/dd/yyyy)