DIRECTIVES CONTROL FORM - DOE FINAL ORDER

PART A (To be completed by the **DIRECTIVES MANAGEMENT GROUP, AD-440**):

TO: **DIRECTOR, DIVISION OF PRIMARY INTEREST**: E. J. Hicks, Team Leader, Information Resources Management Division, AD-41

NUMBER, TITLE, AND DATE OF DIRECTIVE: **DOE M 200.1-1, TELECOMMUNICATIONS SECURITY MANUAL, of 3-97**

The attached directive, which is within your area of functional responsibility, is forwarded for review and necessary action. Complete Part B and forward this form to AD-440 by **09-10-97**.

PART B (To be completed by the **DIVISION OF PRIMARY INTEREST (DPI)**):

1. **APPLICABILITY**: Does directive cover work performed by contractor(s)? Check appropriate boxes:
   ___ No (all contractors)

   _X_ Yes If yes, whom? _X_ LMES _X_ ORAU __ SURA _X_ LMER

   ___ Other contractors (list by type)

2. **IMPLEMENTATION**: Does the Order contain special implementation requirements and/or dates?
   ___ No _X_ Yes If yes, describe: All individuals that are granted access to cryptographic information must comply with Chapter 4 - CRYPTOGRAPHIC/COMSEC ACCESS PROGRAM.

3. **SIGNIFICANT PROVISIONS** : Are there any significant changes or impact?
   _____ No _X_ Yes If yes, describe. This manual is not available on-line because it is " OFFICIAL USE ONLY". A copy can be obtained by contacting Bill Bowden.

4. **OAK RIDGE OPERATIONS OFFICE ORDER**: Is new ORO O or revision required? Yes ___ No _X_
   If yes, target date for submission of draft ORO O to AD-440 is _____.

5. **IDENTIFY CONTACT POINT**: William Bowden 576-1114
   Name Telephone

6. **APPROVED BY DIRECTOR**: *Original signed by* E. J. Hicks, Team Leader 9/2/97 576-1113
   Signature Date Telephone

7. **As of 04/01/96, DOE Orders are available on the Internet at http://www.explorer.doe.gov/; the Orders will no longer be mailed in printed copy unless you do not have Internet capabilities.**

PART C (To be completed by the **DIRECTIVES MANAGEMENT GROUP**, AD-440):

APPROVED FOR DISTRIBUTION IN ACCORDANCE WITH OFFICIAL DIRECTIVE DISTRIBUTION LIST:

Original signed by
Jennifer H. Cusick, AD-440 9/3/97
Name Date

INSTRUCTIONS TO ADDRESSEES: **THIS FORM IS TO BE FILED WITH THE DIRECTIVE AND RETAINED**.