

This Machine
AUTHORIZED for the REPRODUCTION
of up to and including

SECRET

Subject to the restrictions contained in the
Headquarters Facilities Master Security Plan
Valid Only With Current AO Authorization and Approval Security Plan
for this Digital Copier

Date of Accreditation _____ ISSM _____

Room _____ (name and number)

Organization _____ HSO _____
(name and number)

Copier Information _____
Make _____ Model _____ Property Number _____

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