Attachment P

Document Change Requests

HB 1400-05D

Version 2.0

July 27, 2009
# Document Change History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>July 27, 2009</td>
<td>Initial CBP 1400-05D release based solely on DHS 4300A, Version 6.1.1, attachment. There are no substantive differences between this CBP attachment and its source DHS attachment. This attachment is included as part of the CBP 1400-05D handbook suite to enable the CBP user to be able to access all IT security policies (DHS as well as CBP specific) at one location.</td>
</tr>
<tr>
<td>2.0</td>
<td>December 21, 2010</td>
<td>No changes.</td>
</tr>
</tbody>
</table>
1.0 INTRODUCTION

Attached is a form to be used in requesting changes to the DHS policy directives or handbooks. Change Request forms shall only be submitted by the CBP Chief Information Security Officer (CISO). Forms should be filled out electronically, saved as a Microsoft Word file, and e-mailed to the DHS Director for Information Security Policy at INFOSEC@dhs.gov.
DHS Information Security Program
Document Change Request

Date: _____

Tracking Number: _____
(To be filled in by DHS staff)

From (name): _____
Component: If “Other,” please specify: _____
Telephone Number: _____
E-mail address: _____

Document for which change is requested:
- [ ] DHS Management Directive 4300.1: Information Technology Systems Security
- [ ] DHS Sensitive Systems Policy Directive 4300A
- [ ] DHS 4300A Sensitive Systems Handbook
- [ ] DHS National Security Systems Policy Directive 4300B
- [ ] DHS 4300B National Security Systems Handbook

Document Version Number: _____

Section/Paragraph Affected: _____

Description of issue or problem: _____

Suggested change or modification (include the suggested text): _____

Justification for the Change Request: _____

Suggested change reviewed by (name): _____

Decision:
- [ ] Approved
- [ ] Disapproved. Reason for disapproval: _____

For approved changes:
- Change/modification included in document Version _____ dated _____

E-mail completed form to the Director for Information Security Policy at INFOSEC@dhs.gov.