



## Authorization to Conduct Continuous Scans of Public-Facing Cyber Assets, Networks and Systems

The National Cybersecurity & Communications Integration Center of the Department of Homeland Security (DHS), under authority of the Homeland Security Act (6 U.S.C. § 101 et seq.) would like to gain authorization from \_\_\_\_\_ (\_\_\_\_\_) to conduct continuous Vulnerability Scanning and Cyber Hygiene monitoring of \_\_\_\_\_'s publicly accessible cyber assets, networks and systems.

The goals of these activities are to:

1. Identify publicly accessible \_\_\_\_\_ cyber assets, networks, and systems
2. Produce network maps which catalog \_\_\_\_\_'s publicly accessible assets, networks and systems, the services running and their version/patch level
3. Maintain tactical awareness of the operational risks and cyber health of individual Agencies
4. Inform the government's common operational view of cyberspace
5. Identify potential configuration issues with \_\_\_\_\_'s public facing systems
6. Integrate relevant information, analysis, and vulnerability assessments, in order to identify priorities for protective and support measures regarding potential or actual threats
7. Provide "early warning" of specific actionable vulnerabilities to \_\_\_\_\_

DHS activities will originate from the following Class C IP address range: **64.69.57.0/24**

Scanning will be openly attributable to the authorized scanning source, and should be detected by the Acronym's Intrusion Detection Systems. Connections and data will be sent to \_\_\_\_\_'s publicly facing cyber assets, networks and systems. The process has been designed to be as non-obtrusive as possible – scheduling, intensity and frequency have been carefully planned to minimize the possibility of service disruption.

Activities under this authorization will be limited to scanning; no attempts to connect to \_\_\_\_\_'s internal network, penetrate \_\_\_\_\_'s systems or monitor \_\_\_\_\_'s network traffic will be made under this authorization.

**NOTE:** If a third-party Managed Security Services Provider (MSSP) or Security Operations Center (SOC) operates or maintains \_\_\_\_\_'s public and/or leased IP range, make sure that such third parties are promptly notified and authorize in writing the scanning activity. Forward the written third-party authorization along with the \_\_\_\_\_'s authorization to the DHS Point of Contact listed below. If any such third party should fail to authorize in writing the scanning activity, promptly notify the DHS point of contact listed below.



The DHS Point of Contact for this activity can be reached at NCATS\_info@hq.dhs.gov

By signing below, the approving \_\_\_\_\_ official agrees to the following:

- \_\_\_\_\_ authorizes DHS to conduct the scanning activities described above;
- \_\_\_\_\_ agrees to promptly notify and secure written authorization for the scanning activities described above from any third-party MSSP or SOC that operates or maintains \_\_\_\_\_'s public and/or leased IP range, and to forward that authorization to DHS;
- \_\_\_\_\_ accepts that, while DHS teams will use their best efforts to conduct scans in a way that minimizes risk to \_\_\_\_\_'s systems and networks, the scanning activities described above create some risk of degradation in performance to \_\_\_\_\_'s systems and networks;
- \_\_\_\_\_ accepts all risks to its systems and networks for the activities described above;
- \_\_\_\_\_ acknowledges that DHS provides no warranties of any kind relating to any aspect of the assistance provided under this authorization;
- \_\_\_\_\_ accepts the risk of any damage that may result from implementing any guidance provided by DHS;
- \_\_\_\_\_ hereby holds harmless the U.S. Government and those acting on its behalf for governmental purposes from any and all claims arising out of or in any way connected to this authorization, whether or not arising from negligence; and
- \_\_\_\_\_ has authorized you to make the above certifications on its behalf.

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**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

For next steps, please indicate a technical point of contact for the NCCIC team to follow-up with:

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_