

DEPARTMENT OF HOMELAND SECURITY

REQUEST FOR PRE-APPLICATION CONSULTATION

SELLER INFORMATION

P1. Seller Name: _____

P1.1 Description of Seller. Please provide an overview of your company, including place of incorporation and major affiliates of subsidiaries.

P2. Non-proprietary Summary

P2.1 Name of your Technology: _____

P2.2 Technology Description. Provide a non-proprietary overview of your Technology.

P3. Detailed description of your Technology. In an attachment, please provide a detailed description of your Technology and summarize your Technology's qualifications for SAFETY Act Designation.

P4. Past and anticipated sales. Note: It may be vary important and could significantly expedite your eventual application if your Technology has been acquired or utilized (or is subject to an ongoing

procurement) by the military, a Federal government agency, or a state, local or foreign government entity.

Who has purchased, utilized or plans to purchase your Technology? (*choose all that apply.*)

- Federal government (Agency: _____ Approximate Date: _____)
- State government (State: _____ Approximate Date: _____)
- Local government (City/County: _____ Approximate Date: _____)
- Commercial organization (Name: _____ Approximate Date: _____)
- Foreign government (Name: _____ Approximate Date: _____)
- Other (Name: _____ Approximate Date: _____)

P5. Readiness for Sale. If your Technology has not previously been sold , provide an estimate of when it will be available for sale.

- Immediately available for sale
- Expected to be available for sales with in _____ months. (Fill in the blank.)

P6. Effectiveness

How do you know that your Technology is effective? What kinds of deployment information, test Results, independent studies, or other corroborative information could you provide as part of a full Application to support the utility and effectiveness of your Technology? In an attachment, provide a **summary** of the available information supporting the safety and effectiveness of your Technology. Please indicate any deployments for military or governmental customers. It may be very important and could significantly expedite your eventual application if your Technology has been acquired or utilized (or is subject to an ongoing procurement) by the military, a Federal government agency, or a state, local or foreign government entity.

P7. Liability Considerations

In an attachment, please identify the types of potential terrorist activity the Technology is intended to counter. Please describe, to the extent practicable, the scope of damage, loss of life, or other harm that could result from such terrorist activity. Please describe how the Technology has been deployed to date or will be deployed in the future should SAFETY Act Designation be issued.

Privacy Act Notice: DHS will use the information on Form OMB 1640-0001 to determine eligibility for the requested SAFETY Act protections. This information is to be regarded as “SAFETY Act Confidential” and protected from release pursuant to §25.10 of the Regulations Implementing the SAFETY Act of 2002, 6 C.F.R., Part 25, 71 Fed. Reg. 33147, 33159 (June 6, 2006).

Burden Statement: Public reporting burden for this form is estimated at 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and checking the collection forms. This effort is necessary to obtain or retain a benefit, as required by Public Law 107-296, Subtitle G of Title VIII of the Homeland Security Act of 2002. Written comments regarding this form should be submitted to the Office of SAFETY Act Implementation, Department of Homeland Security, Science and Technology Directorate. Comments should be addressed and mailed to Silvia Cabrera, Acting Director OSAI, Department of Homeland Security/ Science and Technology Directorate, Washington, D.C. 20528, or sent via electronic mail to silvia.cabrera@dhs.gov, or faxed to (703) 575-8416.