

DEPARTMENT OF HOMELAND SECURITY

REGISTRATION AS A SELLER OF ANTI-TERRORISM TECHNOLOGY

ACTION

R1. Purpose of Registration (*choose one*)

- Initial Registration
 Updated or Corrected Registration Information

REGISTRATION DATA

R2. Seller Name: _____

R3. Data Universal Numbering System (DUNS) Number (if available): _____

R4. North American Industry Classification System (NAICS) Code (if available): _____

POINT-OF-CONTACT INFORMATION

R5. Primary Point of Contact:

Name: _____

Address: _____

State/Province: _____ Country: _____ ZIP/Mail Code: _____

Telephone No: _____ Fax No: _____

Email: _____

E-mail Communication Authorized?: Yes: No:

R6. Secondary Point of Contact (*optional*):

Name: _____

Address: _____

State/Province: _____ Country: _____ ZIP/Mail Code: _____

Telephone No: _____ Fax No: _____

Email: _____

E-mail Communication Authorized?: Yes: No:

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 5.5 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.