

DEPARTMENT OF HOMELAND SECURITY  
**APPLICATION FOR TRANSFER OF SAFETY ACT  
DESIGNATION AND CERTIFICATION**

**SELLER INFORMATION**

**T1.** Name: \_\_\_\_\_

**T2.** QATT Information

**T2.1** QATT Name: \_\_\_\_\_

**T2.2** QATT Application Identification Number: \_\_\_\_\_

**TRANSFeree INFORMATION**

**T3.** Name: \_\_\_\_\_

**T3.1** Transferee's place of incorporation: \_\_\_\_\_

**DESCRIPTION OF TRANSFER**

**T4.** Effective date of transfer: \_\_\_ / \_\_\_ / 20 \_\_\_

**T5.** Attach a description of the transfer agreement and supporting information as necessary.

**T6.** Insurance. Please provide information regarding the Transferee's insurance coverage for the relevant QATT and whether the Transferee's coverage satisfies the terms of insurance of the SAFETY Act Designation issued to the Transferor.

**T7.** Please provide information regarding the described transfer's effect on the QATTs safety or efficacy, or risk(s) associated with its deployment.

## DECLARATION FOR WRITTEN SUBMISSIONS

I declare, to the best of my knowledge and belief, that the information provided in response to the questions set forth in this Application for SAFETY Act liability protections is true, factual, and correct, and that I am an authorized agent of the Applicant.

Prepared By: \_\_\_\_\_ Title (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ /20\_\_\_

The signature of the Preparer must be notarized below:

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires on: \_\_\_\_\_

**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](mailto:tosilvia.cabrera@dhs.gov), or faxed to (703) 575-8416.