

DEPARTMENT OF HOMELAND SECURITY  
**Application for SAFETY Certification**

**APPLICATION TYPE**

**C1.** Type of Application. This application is a(n) (*choose one*):

- Initial Application Filing for a Certification, please provide Designation Application ID #: \_\_\_\_\_
- Resubmission of a Previous Application for Certification, please provide Designation Application ID #: \_\_\_\_\_

**EXPEDITED REVIEW**

**C2.** Request for Expedited Review

In its discretion, the Department may identify categories of anti-terrorism Technologies for which expedited processing may be granted. For example, the Department may conduct expedited processing for applications that are the subject of a pending or past Federal, State or local procurement, that addresses a particular threat, that involve particular types of anti-terrorism Technologies or for other reasons. Depending on the nature of the procurement, this may substantially expedite and simplify the application process. If you are requesting expedition review, please specify the basis for such request, including, if applicable, information concerning an ongoing procurement. Such information should include the following.

- a. The name of procuring organization;
- b. Contact information for the relevant government procurement official;
- c. The related Request for Proposal (RFP) number or other official identifier of the procurement, if available; and
- d. Upcoming deadlines relating to the procurement (e.g., submission deadline, decision/contract award, etc.).

Please note if your application falls under a published DHS Notice of Expedited Processing and provide the reference number for such notice and a brief statement as to why your application falls within the scope of the Notice of the Expedited Processing. If you wish to provide other bases for expedited processing please specify.

**REGISTRATION INFORMATION**

- I am updating or correcting previous registration information.
- My previously provided registration information is still accurate;

**C3.** Seller Name: \_\_\_\_\_

**CERTIFICATION**

**Respond to all items in this section in one attachment to this application. Additional supporting material may be attached as an appendix to your application.**

- C4.** Performs as Intended. Define what it means for your Technology to perform as intended, and provide information and/or data establishing that your Technology performs as intended. This information may be the same as or in addition to information provided for an Application for SAFETY Act Designation.
- C5.** Conforms to Seller's Specifications. Describe the processes and procedures you use to ensure that each sale of your Technology conforms to the applicable specifications. If your Technology was or is involved in a government procurement, acceptance of the Technology by the government and related testing may be highly relevant here. Provide available documentation demonstrating that your Technology conforms to established specifications.
- C6.** Safe for use as intended. Provide available analyses evidencing that the Technology is safe for use as intended. Please note any known or suspected hazards or safety risks associated with your Technology. Please provide safety and hazard analyses for your Technology

**ADDITIONAL ATTACHMENTS**

Provide additional supporting documentation

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