



[View Our Privacy Statement](#)

## CERTIFYING AN ORGANIZATION'S ADHERENCE TO THE SAFE HARBOR

To expedite the certification process, prepare the required information before completing this form. ([See Information Required for Certification](#)) Please note that it is necessary to complete all fields except those with asterisk(\*).

If you have any difficulty completing this form or have any other questions concerning the Safe Harbor self-certification process, please contact Damon C. Greer at the International Trade Administration, Department of Commerce, [damon.greer@mail.doc.gov](mailto:damon.greer@mail.doc.gov), or 202-482-5023.

Public reporting for this collection is estimated to range from 20-40 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. All responses to this collection of information are voluntary, and will be provided confidentially to the extent allowed under the Freedom of Information Act. Notwithstanding any other provisions of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Clearance Officer, International Trade Administration, Department of Commerce, Room 4001, 14th and Constitution Avenue, N.W., Washington, D.C. 20230.

### ORGANIZATION INFORMATION

Organization Name:

Address:

City:

State:

Zip:

Phone:

\*Fax:

Website: (Optional)

**ORGANIZATION CONTACT INFORMATION (FOR HANDLING OF COMPLAINTS, ACCESS REQUESTS, AND ANY OTHER ISSUES ARISING UNDER THE SAFE HARBOR)**

\*Contact Office:

Contact Name: (Optional)

Contact Title: (Optional)

\*Contact Phone:

\*Contact Fax:

\*Contact Email:

**CORPORATE OFFICER WHO IS CERTIFYING THE ORGANIZATION'S ADHERENCE TO THE SAFE HARBOR FRAMEWORK**

\*Corporate Officer

Name:

\*Corporate Officer

Title:

\*Corporate Officer

Phone:

\*Corporate Officer Fax:

\*Corporate Officer

Email:

**DESCRIPTION OF THE ACTIVITIES OF THE ORGANIZATION WITH RESPECT TO PERSONAL INFORMATION RECEIVED FROM THE EU**

**DESCRIPTION OF THE ORGANIZATION'S PRIVACY POLICY FOR PERSONAL INFORMATION**

\*Please enter the effective date of your organization's privacy policy:

\*Please provide the location of your organization's privacy policy:

\*Please indicate the appropriate statutory body that has jurisdiction to hear any claims against the organization regarding possible unfair or deceptive practices and violations of laws or regulations governing privacy:

List any privacy programs in which your organization is a member for safe harbor purposes:

[\(See FAQ 6\)](#)

\*What is your organization's verification method (e.g., In-house, Third Party. [See FAQ 7](#))

What independent recourse mechanism(s) is(are) available to investigate unresolved complaints (e.g., private sector developed dispute resolution mechanisms that incorporate the safe harbor framework or EU data protection authorities.

[\(See FAQ 11\)](#)?

What personal data processed by your organization is covered by the safe harbor? (e.g., off-line, on-line, manually processed data, human resources data)

Do you plan to cover human resources data?

If yes, you need to agree to cooperate and comply with the European Data Protection Authorities (See FAQs [5](#) & [9](#)). Do you agree to cooperate and comply with the European Data Protection Authorities?

Which EU/EEA Countries do you receive information from? (Select all that apply)

None    Cyprus    Finland    Hungary    Latvia    Malta    Portugal    Spain  
Austria    Czech Republic    France    Iceland    Liechtenstein    Netherlands    Romania  
Sweden  
Belgium    Denmark    Germany    Ireland    Lithuania    Norway    Slovakia    United  
Kingdom

Bulgaria Estonia Greece Italy Luxembourg Poland Slovenia

\*Please select your appropriate Industry Sectors. (Select up to 4)

\*Please select the appropriate level of sales?:

\*How many employees does your organization have?:

Please print out your completed form now to verify that the information provided is correct and to retain a copy for your files.

If you are ready to submit the self certification for your organization simply click the **SUBMIT** button below.

[Return to Welcome](#) | [Safe Harbor Overview](#) | [Safe Harbor Documents Workbook](#) | [Safe Harbor List](#) | [Information Required for Certification](#)