



**REQUEST FOR DETERMINATION OF
CHEMICAL-TERRORISM VULNERABILITY INFORMATION (CVI)**

Contact Information for Individual Submitting Designation Request:

1a) Are you a CVI Authorized User? <input type="checkbox"/> Yes <input type="checkbox"/> No	1b) If yes, provide CVI Authorization Number: CVI -
2) Name: (Last, First, MI)	3) Phone Number:
4a) Chemical Security Assessment Tool (CSAT) Facility ID #	4b) Facility Name:

CVI Determination Information

5) Date of Request:	
6) Subject / Title of the Request	
7) Synopsis of the Information:	
8) Justification:	
9) Origin of Information:	

10) Attachment: I have attached the information that will be reviewed for determination of CVI

DHS will communicate its final determination to the submitter registered with DHS for the facility in question or the appropriate point of contact at the other state, local, tribal territorial or other federal agencies.



DEPARTMENT OF HOMELAND SECURITY
REQUEST FOR DETERMINATION OF CVI INSTRUCTIONS

(Read the following instructions carefully before you complete this form.)

GENERAL: This form should be used in the event a facility develops information that could, in the facility's judgement, compromise facility security if publicly disclosed and that information is not listed as CVI under 6 CFR 27,400 (b) (1) - (8).

1. Indicate your CVI number on the form. If you do not know your CVI Authorized User ID number, please contact the help desk for assistance.
2. Please provide your full name.
3. Please provide a phone number where you can be reached at. When providing your phone number, only input numeral digits into the given space.
4. Please provide the the name of your facility or the facility who's CVI was shared and the CSAT facility's ID number. If you do not know the CSAT facility ID number, please contact the help desk.
5. To input the date of request, click in the given space and an arrow pointing downwards should pop up. Click on the arrow and you can choose your date from the calendar.
6. Please provide the subject or the title of your request. The subject/title should best describe your information.
7. Please provide a detailed description of the synopsis of the information.
8. Please provide a detailed description of justification for why the attachments would be CVI. Please do not include CVI in the synopsis.
9. Please describe where the information originates from. Please do not include CVI in the description.
10. When submitting form, attach the information that will be reviewed for determination of CVI.

WHEN TO FILE: In accordance to Section 550 of P.L. 109-295, the implementing regulations 6 CFR Part 27.

WHERE TO FILE: This form can be submitted to DHS via mail at Mail Stop 8100, Department of Homeland Security, Washington, DC 20528-8100. Keep a copy of the completed form for your records.

PRIVACY ACT STATEMENT

1. **FORM/TITLE:** Department of Homeland Security (DHS) DHS Form 9028, Request for Determination of CVI Form with the Department of Homeland Security.
2. **AUTHORITY:** Section 550 (c) of Public Law 109-295 entitled, Making Appropriations of the Department of Homeland Security for the Fiscal Year Ending September 30, 2007, and for other purposes (October 4, 2006), directs DHS to protect from public disclosure "information developed under [Section 550], including vulnerability assessments... and other security related information records and documents..." As required by Section 550, DHS Promulgated CFATS as an interim final rule in April 2007. See 6 CFR Part 27; 72 Fed. Reg. 17688
3. **BURDEN STATEMENT:** The public reporting burden for this form is estimated to be 15 minutes. The burden estimate includes time for reviewing instructions, researching the situation, gathering and maintaining the needed data, and completing and submitting the form. You may send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to:
 NPPD / IP / Infrastructure Security Compliance Division
 Attention: CFATS Project Manager
 U.S. Department of Homeland Security
 Mail Stop 8100
 Washington, DC 20528-8100

PAPERWORK REDUCTION ACT STATEMENT

In accordance with the Paperwork Reduction Act, no one is required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 1670-NEW. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

For questions and assistance, please call the CFATS Helpdesk at 1-866-323-2957

Monday - Friday 7:00a.m. - 7:00p.m., Eastern Time

Not open on federal holidays