

**Department of Homeland Security  
Chemical-terrorism Vulnerability  
Information Training & Authorized User  
Application**

OMB Control Number 1670-0007  
Expiration Date 05/31/2011

**Burden Statement**

The public reporting burden for the Chemical-terrorism Vulnerability Information (CVI) Training and Authorized User Application is estimated to be 1 hour. The burden estimate includes time for reviewing instructions, researching existing data sources, 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

Completion of the CVI Training and Authorized User Application is mandatory for all covered persons. See Section 550 of P.L. 109- 295 and the implementing regulations, 6 CFR Part 27.

You are not required to respond to this collection of information (i.e., the CVI Training and Authorized User application) unless a valid OMB control number is displayed. NOTE: DO NOT send the completed CVI Authorized User application to the above address.

**Instructions**

Please complete the CVI Training, read and affirm the statements, and complete the Authorized User application below. Failure to not fully complete the application will result in your application to be a CVI Authorized User not being considered.

DHS will review the application, and if approved, provide to you a unique CVI Authorized User number to confirm your status.

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I hereby acknowledge that I am familiar with and that I will comply with all CVI requirements set out in:

- Section 550 of Public Law 109-295 (as amended);
- 6 CFR Part 27; and
- any other requirements that may be officially communicated to me by the Department of Homeland Security (DHS).

I hereby acknowledge that I am familiar with or have been provided access to the DHS Procedural Manual entitled "Safeguarding Information Designated as Chemical-terrorism Vulnerability Information (CVI)."

I hereby acknowledge that if I violate the requirements of 6 CFR § 27.400 for protection of CVI, I may be subject to civil penalties or other enforcement or corrective action by DHS, such as orders to retrieve any CVI improperly disclosed or to prevent future unauthorized disclosures (including revocation of my CVI Authorized User status).

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Organization Name:**  
\_\_\_\_\_

**Organization Type: (Choose One)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Chemical Facility employee   | <input type="checkbox"/> DHS Employee             | <input type="checkbox"/> State or local gov't. employee  |
| <input type="checkbox"/> Chemical Facility contractor | <input type="checkbox"/> Federal gov't employee   | <input type="checkbox"/> State or local gov't contractor |
| <input type="checkbox"/> Vested Private Third Party   | <input type="checkbox"/> Federal gov't contractor | <input type="checkbox"/> Other: _____                    |

**Business Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Describe Official Duties:** \_\_\_\_\_

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**Direct Supervisor's Name:** \_\_\_\_\_

**Supervisor's Telephone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_