



DEPARTMENT OF HOMELAND SECURITY

**Chemical Security Assessment Tool (CSAT)
Reviewer Registration**

Please read the instructions carefully before completing this form. The instructions must be available during completion of this form.

Section A: Facility Location Information			
1. Facility ID Number		2. Facility Name	
<input type="text"/>		<input type="text"/>	
3. Physical Address Information			
3a. Physical Address	3b. City	3c. State	3d. Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3e. Country	4a. Latitude	4b. Longitude	5. Additional non-street location information:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section B: User Granting Access to Reviewer			
6. CSAT Username		7. Job Title or Person Authorizing User Transfer	
<input type="text"/>		<input type="text"/>	
8a. First Name		8b. Last Name	8c. Middle Initial
<input type="text"/>		<input type="text"/>	<input type="text"/>

Section C: User Information for Reviewer			
9a. First Name		9b. Last Name	9c. Middle Initial
<input type="text"/>		<input type="text"/>	<input type="text"/>
10a. Mailing Address		10b. City	10c. State
<input type="text"/>		<input type="text"/>	<input type="text"/>
11a. Phone Number		11b. Phone Extension	12. Email Address
<input type="text"/>		<input type="text"/>	<input type="text"/>
13. Is the user a U.S. Citizen?			<input type="radio"/> Yes <input type="radio"/> No
14. Is the user domiciled in the U.S.?			<input type="radio"/> Yes <input type="radio"/> No



PRIVACY ACT STATEMENT

1. **Authority:** Section 550 (c) of Public Law 109-295 and implementing regulations, 6 CFR Part 27.
2. **Purpose:** The information provided on the form will be used to register a CSAT reviewer for a facility.
3. **Routine Uses:** The Personal Identifiable Information will be used by and disclosed pursuant to a published Privacy Act System of Records Notice. CFATS PII is collected under the General Information Technology Access Account Records System (GITAARS) <http://edocket.access.gpo.gov/2008/E8-10895.htm> DHS/ALL-004
4. **Disclosure:** Furnishing this information is required pursuant to Section 550 (c) of Public Law 109-295 and implementing regulations, 6 CFR Part 27.

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 1670-0007.

INSTRUCTIONS

The instructions for completing this form can be found in the CSAT User Registration User Guide. The User Guide is available at www.dhs.gov/chemicalsecurity.