



DEPARTMENT OF HOMELAND SECURITY

**Chemical Security Assessment Tool (CSAT)
User Information Change Request Form**

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

Section A: CSAT User Information to Update			
1. User Name			
1a. First Name	1b. Last Name	1c. Middle Initial	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
2. CSAT User Name		3. CVI Authorized User Number	
<input type="text"/>		<input type="text"/>	
4. User Role: <input type="radio"/> Preparer <input type="radio"/> Submitter <input type="radio"/> Authorizer <input type="radio"/> Other			
5. User Mailing Address Information			
5a. Mailing Address	5b. City	5c. State	5d. Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. User Contact Information			
6a. Phone Number	6b. Phone Extension	7. Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
8. Is the user a U.S. Citizen?		<input type="radio"/> Yes	<input type="radio"/> No
9. Is the User an Officer of the Corporation or an employee designated by the Officer of the Corporation?		<input type="radio"/> Yes	<input type="radio"/> No
10. Is User domiciled in the U.S.?		<input type="radio"/> Yes	<input type="radio"/> No

Section B: Signatures		
11a. User Name	11b. User Signature	11c. Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
12a. Authorizer Name	12b. Authorizer Signature	12c. Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
13a. Authorizer CSAT User Name	13b. Authorizer CVI User Number	13c. Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

PRIVACY ACT STATEMENT

1. **Authority:** Section 550 (c) of Public Law 109-295 and implementing regulations, 6 CFR Part 27.
2. **Purpose:** This form allows a CSAT user to update his/her information.
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.