



DEPARTMENT OF HOMELAND SECURITY

**Chemical Security Assessment Tool (CSAT)
Facility Information Change Request**

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

Section A: Organization for the Facility	
1. Name of Organization	2. Notification Code
<input type="text"/>	<input type="text"/>

Section B: Facility Location Information			
3. Name of Facility	4. NAICS Code for the Facility	5. DUNS Identification Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
6a. Physical Address	6b. City	6c. State	6d. Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6e. County	7a. Latitude	7b. Longitude	8. Additional non-street location information:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section C: Facility Owner or Operator	
9. Facility Owner	10. Facility Operator
<input type="text"/>	<input type="text"/>

Section D: Environmental Protection Agency (EPA) Risk Management Program (RMP) Facility Identifier	
11. Does the facility operate under any EPA RMP covered process(es), i.e. Program 1,2,or 3?	<input type="radio"/> Yes <input type="radio"/> No
12. EPA RMP Facility Identifier	
<input type="text"/>	

Section E: Co-located Facility		
13. Specify the facility's location:		
<input type="checkbox"/> 13a. The facility is a host to a co-located tenant facility	<input type="checkbox"/> 13b. The facility is a co-located tenant facility	<input type="checkbox"/> 13c. Not Applicable
If the facility is a host or tenant, enter the name of the host or tenant facility and its corresponding EPA RMP Facility Identifier		
14a. Host/ Tenant Facility	14b. Host/ Tenant EPA RMP	
<input type="text"/>	<input type="text"/>	

Section F: Additional Facility Information			
15a. Parent Company 1	15b. Parent Company 1 DUNS	15c. Parent Company 2	15d. Parent Company 2 DUNS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Section G: Signatures		
16a. User Name <input type="text"/>	16b. User Signature <input type="text"/>	16c. Date <input type="text"/>
17a. Authorizer Name <input type="text"/>	17b. Authorizer Signature <input type="text"/>	17c. Date <input type="text"/>
18a. Authorizer CSAT User Name <input type="text"/>	18b. Authorizer CVI User Number <input type="text"/>	18c. Date <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:** DHS will use the information provided in this form to updated previously submitted facility 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.