



DEPARTMENT OF HOMELAND SECURITY

**Chemical Security Assessment Tool (CSAT)
Transfer Responsibility Form**

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

Section A: Current User Information			
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"/>	

Section B: Transfer to an Existing CSAT User/New CSAT User	
<input type="checkbox"/> 8. Transfer to an Existing CSAT User	<input type="checkbox"/> 9. Transfer to a New CSAT User
10. User Role: <input type="radio"/> Preparer <input type="radio"/> Submitter <input type="radio"/> Authorizer <input type="radio"/> Other	
11. CSAT User Number	12. CVI Authorized User Number
<input type="text"/>	<input type="text"/>

Section C: Consolidation of User Accounts



Section D: New User Information			
13. User Name			
13a. First Name	13b. Last Name	13c. Middle Initial	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
14. New User Mailing Address Information			
14a. Mailing Address	14b. City	14c. State	14d. Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. New User Contact Information			
15a. Phone Number	15b. Phone Extension	16. Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
17. Is the new user a U.S. Citizen?			
18. Is the new user an Officer of the Corporation or an employee designated by the Officer of the Corporation?			
19. Is the new user domiciled in the U.S.?			

Section E: Signatures		
21a. New User Name	21b. New User Signature	21c. Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
22a. Authorizer Name	22b. Authorizer Signature	22c. Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
23a. Authorizer CSAT User Name	23b. Authorizer CVI User Number	23c. 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 will be used to transfer an existing CSAT user 's responsibilities to new or existing CSAT user.
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.