



DEPARTMENT OF HOMELAND SECURITY  
**Chemical Security Assessment Tool (CSAT)**  
**Transfer Responsibility from an Absentee Authorizer**

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

<b>Section A: Facility Identification Information</b>	
1. Facility ID Number	2. Facility Name
<input type="text"/>	<input type="text"/>

<b>Section B: User Information for the Absentee Authorizer</b>		
3. CSAT Username	4. CVI Authorized User Number	5. Individual Authorizing Transfer
<input type="text"/>	<input type="text"/>	<input type="text"/>
6a. First Name	6b. Last Name	6c. Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Is this individual a U.S. Citizen?		<input type="radio"/> Yes <input type="radio"/> No
8. Was the individual an Officer of the Corporation or designated by an Officer of the Corporation?		<input type="radio"/> Yes <input type="radio"/> No
9. Is the individual domiciled in the U.S.?		<input type="radio"/> Yes <input type="radio"/> No

<b>Section C: New Authorizer Information</b>			
10. CSAT Username	11. CVI Authorized User Number		
<input type="text"/>	<input type="text"/>		
12a. First Name	12b. Last Name	12c. Middle Initial	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
13a. Mailing Address	13b. City	13c. State	13d. Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14a. Phone Number	14b. Phone Extension	14. Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
15. Is this individual a U.S. Citizen?		<input type="radio"/> Yes	<input type="radio"/> No
16. Is the user an Officer of the Corporation or designated by an Officer of the Corporation?		<input type="radio"/> Yes	<input type="radio"/> No
17. Is the user domiciled in the U.S.?		<input type="radio"/> Yes	<input type="radio"/> No

<b>Section D: Signatures</b>		
18a. User Name	18b. User Signature	18c. Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
19a. Authorizer Name	19b. Authorizer Signature	19c. Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
20a. Authorizer CSAT User Name	20b. Authorizer CVI User Number	20c. Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

For questions and assistance, please call the CFATS Helpdesk at 1-866-323-2957  
Monday - Friday 7:00a.m. - 7:00p.m., Eastern Time  
Not open on federal holidays



### PRIVACY ACT STATEMENT

1. **Authority:** Section 550 (c) of Public Law 109-295 and implementing regulations, 6 CFR Part 27.
2. **Purpose:** This form transfers an existing authorizer user account for an absentee authorizer to a new user. If the new authorizer is a new CSAT user please complete sections A through D. If the new authorizer is an existing CSAT user please complete sections A, B and D.
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](http://www.dhs.gov/chemicalsecurity).