

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 | | | | | |
| | | | | | | | | |
| 3. Physical Address Information | | | | | | | | |
| 3a. Physical Address 3b. City | | | | 3c. State | 3d. Zip Code | | | |
| | | | | | | | | |
| 3e. Country | 4a. Latitude 4b. Longitud | | 5. Additional non-street location information: | | | | | |
| | | | | | | | | |

| Section B: User Granting Access to Reviewer | | | | | | | |
|---|--------------------|--------------------------------|--|--------------------|--|--|--|
| 6. CSAT Username | 7. Job Title or Pe | rson Authorizing User Transfer | | | | | |
| | | | | | | | |
| 8a. First Name | | 8b. Last Name | | 8c. Middle Initial | | | |
| | | | | | | | |

| Section C: User Information for Reviewer | | | | | | | | |
|--|-----------|---------------|-----------|------------|--|--------------------|-----|--|
| 9a. First Name | | 9b. Last Name | | | | 9c. Middle Initial | | |
| | | | | | | | | |
| 10a. Mailing Address | 10b. City | 10b. City | | 10c. State | | 10d. Zip Code | | |
| | | | | | | | | |
| 11a. Phone Number | 11b. Phor | ne Extension | 12. Email | Address | | | | |
| | | | | | | | | |
| 13. Is the user a U.S. Citizen? | | | | | | ⊖Yes | No | |
| 14. Is the user domiciled in the U.S.? | | | | | | ⊖Yes | ◯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) <u>http://edocket.access.gpo.gov/2008/E8-10895.htm</u> 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.