



**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.

Section A: Facility Identifica	tion Infor	mation							
Facility ID Number		2. Facility Name							
Section B: User Information for the Absentee Authorizer									
3. CSAT Username 4. CVI Authorized User			er Number	Number 5. Individual Authorizing Transfer					
6a. First Name 6b. La			ast Name	ast Name					c. Middle Initial
7. Is this individual a U.S. Citizen?									
8. Was the individual an Officer of the Corporation or designated by an Officer of the Corporation?  Ores ONO									
9. Is the individual domiciled in the U.S.?								Yes	○No
Section C: New Authorizer Information									
10. CSAT Username	. CSAT Username 11. CVI Authorized User Number								
12a. First Name 1			12b. Last Na	2b. Last Name			12c. Middle Initial		
13a. Mailing Address 1.		13b. City			13c. State			13d. Zip Code	
14a. Phone Number 14b. Phone			Extension	Extension 14. Email Address					
15 Is this individual a LLS Citizo	2						Ye	es	
10. 15 this individual a 0.0. Ottizen:									○No
10. Is the user an officer of the obligation of designated by an officer of the obligation.									○No
17. Is the user domiciled in the U	S.?						<u> </u>		ONO
Section D: Signatures									
18a. User Name			18b.User Signature						18c. Date
19a. Authorizer Name			19b. Authorizer Signature						19c. Date
20a. Authorizer CSAT User Name			20b. Authorizer CVI User Number						20c. Date
	252.1.20.10.10.10.10.11.10.10								



## 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) <a href="http://edocket.access.gpo.gov/2008/E8-10895.htm">http://edocket.access.gpo.gov/2008/E8-10895.htm</a> 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.