

**DHS PREDICT Certificate of Data Destruction Form  
Cover Sheet**

1. Department Name: Department of Homeland Security
2. Component/Agency Name: Science and Technology Directorate
3. OMB Control Number: 1640-0012
4. Expiration Date: 08/31/2010
5. Agency Form Number: DHS Form 10042 (12/07)
6. Name of Form: Certificate of Data Destruction
7. Purpose of Form: Certifies that all datasets used were destroyed as required by PREDICT
8. How to submit: Fax to RTI International, Attn: Renee Karlsen, 866.635.0255 (toll free fax).

# PREDICT NOTICE FOR CERTIFICATE OF DATA DESTRUCTION

---



## Reference Issue #:

Dear \_\_\_\_\_:

This document is used by the PREDICT Coordinating Center (PCC) to notify a Researcher/User that a Memorandum of Agreement (MOA) and access to approved datasets has expired. Our records indicate that your MOA, MOA ID \_\_\_\_\_, between \_\_\_\_\_ and the PCC, and authorization to use the PREDICT datasets listed below expired on \_\_\_\_\_.

Under the terms of the MOA, upon expiration of the MOA and access to the datasets, you agreed to provide to the PCC with a Certificate of Data Destruction certifying that any and all copies of the datasets, whether in whole or in part or on your system or not, have been deleted from all systems and permanently destroyed.

The attached Certificate of Data Destruction must be completed, signed, and returned to the PCC by \_\_\_\_\_. The Certificate may be faxed to Ms. Renee Karlsen at (866) 835-0255 (toll free) or emailed in pdf format to [PREDICT-contact@rti.org](mailto:PREDICT-contact@rti.org). Questions may be directed to Ms. Renee Karlsen by telephone at (919) 541-7115 or via email at [PREDICT-contact@rti.org](mailto:PREDICT-contact@rti.org).

## DATASET(S) TO WHICH ACCESS HAS EXPIRED:

**Privacy Act Notice: DHS Authority to Collect This Information:** The Homeland Security Act of 2002 [Public Law 107-296, §302(4)]. **Principal Purpose:** DHS collects name, organization and title (if any), email address, home and/or work address, and telephone numbers for the purpose of contacting individuals regarding the PREDICT project and/or their involvement with PREDICT. **Routine Uses and Sharing:** Some of your information will be disclosed to PREDICT team members, such as data hosts, data providers, PREDICT contractors, the PREDICT Coordination Center, the advisory board, and review board members to help us deliver requested PREDICT services and operate the PREDICT web site and deliver the services you have requested. Unless you consent otherwise, this information will not be used for any purpose other than those stated above. However, DHS may release this information of an individual on a case-by-case basis as described in the DHS/ALL-002 System of Records Notice (SORN), which can be found at: [www.dhs.gov/privacy](http://www.dhs.gov/privacy). **Disclosure:** Furnishing this information is entirely voluntary; however, failure to furnish at least the minimum information required to register (to include full name, email address,) will prevent you from obtaining authorization to access system.

**PRA Burden Statement:** An agency may not conduct or sponsor an information collection and a person is not required to respond to this information collection unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1640-0012 and this form will expire on 08/31/2010. The estimated average time to complete this form is 60 minutes per respondent. If you have any comments regarding the burden estimate you can write to Department of Homeland Security, Science and Technology Directorate, Washington, DC 20528

**Please Fill in Contact Information**

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**PREDICT  
CERTIFICATE OF DATA DESTRUCTION**



---

**To be completed by the Person Responsible for the Data (Researcher/User if an individual or Data Custodian if MOA is with an entity)**

MOA ID \_\_\_\_\_

Project Title:

Researcher or Data Custodian Name (Printed or Typed):

Name of Organization:

**I hereby certify that ALL of the following listed datasets and any copies thereof, whether paper or digital or whole or partial, which were approved for use in MOA ID \_\_\_\_\_, have been deleted from all systems and permanently destroyed. This includes all datasets or copies of the datasets held by persons other than myself who were approved for access under the MOA.**

**DATASET(S) DELETED OR DESTROYED:**

**Date of Data Destruction:** \_\_\_\_\_

**Date Certificate of Destruction Signed:** \_\_\_\_\_

**Signature of Researcher/Data Custodian** \_\_\_\_\_

**To be completed by PREDICT Coordinating Center:**

Date of PCC's receipt of Certificate of Destruction: \_\_\_\_\_