



United States Environmental Protection Agency
Washington, DC 20460

TSCA CBI Access Request, Agreement, and Approval

Section I. – Access Request

1. Name (Last, First, MI)	2. 9-Digit ID Number (e.g., SSN)	3. Telephone Number
4. Requestor (Agency/Office/Division/Branch)	5. Document Control Officer (DCO)	6. DCO Telephone Number
7. TSCA Sections for which access is required. Check all that apply. Use blank space to request other sections not listed. ALL _____ - OR- 4 ___ 5 ___ 6 ___ 8 ___ 12 ___ 13 ___ 21 ___		
8. Justification for TSCA CBI access. Select appropriate code from instructions on reverse side. (Check one for all that apply). A _____ B _____ C _____ D _____		Other List Justification on reverse side

Section II. – Contract Information - Contractor Employees Only

9. Employer's Name	10a. Employer's Address	10b. City	10c. ST	10d. Zipcode
11. Contract Number	12. EPA Project Officer	13. EPA Project Officer Telephone		

Section III. – OPPT Secure Storage Area Access – HQ Federal and HQ Contractor Employees Only

14. Check if EPA ID Badge is required. <input type="checkbox"/> Yes (New) <input type="checkbox"/> Need Replacement <input type="checkbox"/> No (List Present EPA ID Badge Number (_____))				
15. List OPPT Restricted areas by Division to which physical access is required.				
Home Division (24 hour access)	Other Divisions (6A.M. – 6P.M. only)	Access to CBIC Only	IMD (DCO and IMD Computer Rms.)	
16. List OPPT areas by Division and Room Number for which Alarm Activation/Deactivation Authority is requested.				

Section IV. – Confidentiality Agreement

I understand that I will have access to certain Confidential Business Information submitted under the Toxic Substances Control Act (TSCA, 15 USC 2601 et seq.). This access has been granted in accordance with my official duties relating to Environmental Protection Agency programs.

I understand that TSCA CBI may be used only in connection with my official duties and may not be disclosed except as authorized by TSCA and Agency regulations. I have received a copy of, and understand the procedures set forth in, the TSCA CBI Protection Manual. I agree that I will treat any TSCA CBI furnished to me as confidential and that I will follow these procedures.

I understand that under section 14(d) of TSCA (15 USC 2513(d)), I am liable for a possible fine of up to \$5,000 and/or imprisonment for up to one year if I willfully disclose TSCA CBI to any person not authorized to receive it. In addition, I understand that I may be subject to disciplinary action for violation of this agreement with penalties ranging up to and including dismissal.

I understand that my obligation to protect TSCA CBI, which has been disclosed to me as part of my official job duties, continues after either termination of my assignment or termination of my employment.

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

17. Signature of Employee	18. Date
---------------------------	----------

Section V. – Requesting Official Approval

19. TSCA CBI Security Briefing Date	20. Name and Signature of Requesting Official. (Immediate Supervisor – EPA Project Officer for Contractors) As the immediate supervisor of (or the EPA Project Officer for) the above mentioned employee, I certify he/she has successfully completed a TSCA CBI Security Briefing on the date shown.		
	Name	Signature	21. Date
22. Date Received	23. Approved (TSCA Security Official Signature)		24. Approval Date
DCO Code	Barcode	Status Code	Alarm Zones
Data Entry Date and Initials		1. _____ 2. _____	

Paperwork Reduction Act Notice

The public reporting burden for the collection of information is estimated to average 1.6 hours per response. This estimate includes time for reviewing instructions, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the Chief, Policy and Guidance Branch, (2833T), US Environmental Protection Agency, Ariel Rios Bldg., 1200 Pennsylvania Ave., NW, Washington DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503, marked ATTENTION: Desk Officer for EPA.

Privacy Act Statement

Furnishing your Social Security Number is voluntary, but encouraged. The information on this form is used by EPA to maintain a record of those persons cleared for access to TSCA Confidential Business Information (CBI) and to maintain the security of TSCA CBI.

Disclosure of information from this form may be made to the Office of Pollution Prevention and Toxics (OPPT) contractors in order to carry out functions for EPA compatible with the purpose for which this information is collected; to other Federal agencies when they possess TSCA CBI and need to verify clearance to EPA and EPA contractor employees for access; to the Department of Justice when related to litigation or anticipated litigation involving the records or the subject matter of the records; to the appropriate Federal, State or local agency charged with enforcing a statute or regulation, violation of which is indicated by a record in this system; where necessary, to a State, Federal or local agency maintaining information pertinent to hiring, retention, or clearance of an employee, letting of a contract, or issuance of a grant or other magistrate or administrative tribunal; in the course of litigation under TSCA; and to a member of Congress acting on behalf of an individual to whom records in this system pertain.

Instructions for Form Completion

Section I – To be completed by all

1. List Full Name
2. List 9-Digit ID (e.g., SSN)
3. List Telephone number of person in item 1
4. List Full Acronym of Requesting Office (i.e. EPA Office in which the individual works or for contractor employees, the EPA Office with whom the contract is with)
5. List the immediate Document Control Officer for the office in which the individual works
6. List the telephone number of the Document Control Officer
7. Check the TSCA Sections for which access is requested or check ALL if applicable
8. Circle the appropriate Access Justification Code
 - A.** *Employee is an EPA employee or EPA contractor employee whose work assignments involve the New and/or Existing Chemical Programs of TSCA. Hence access to the TSCA sections listed in item 7 of this form is required in performance of his/her duties.*
 - B.** *Employee is an EPA employee or EPA contractor employee whose work entails the administration of computer systems housing TSCA CBI. Hence access to the TSCA sections listed in item 7 of this form is required.*
 - C.** *Employee is an EPA employee or EPA contractor employee whose work entails physical security or maintenance for TSCA CBI secure storage areas. Although employee will not actually work with any TSCA CBI materials, access to the TSCA sections listed in item 7 of this form is required.*
 - D.** List Justification here _____

Section III – To be completed by HQ Federal and HQ Contractor employees only

- NOTE: *These procedures apply only to employees requiring access to OPPT Secure Storage areas. All others follow standard Agency procedures.*
14. Check either box a, b, c or (c&d) for EPA ID badge or Contractor Building Pass. If box c is checked, write in badge number.
 - a. Yes** - Check if new employee getting first EPA ID Badge. (New programmed badge)
 - b. Need Replacement** - Check if replacement ID Badge is needed (replacement badge)
 - c. No** - Existing badge needs programming. List ID Badge no.
 15. Check and list OPPT secured areas for which access (via electronic door control system) is required. List Division acronyms for the requested areas.
 - Home Division** - List Division in which employee works
 - Other Divisions** - List other OPPT Divisions for which unrestricted daytime access is requested
 - CBIC Only** - To be checked for those who only need to access the Confidential Business Information Center.
 - IMD Areas** - Employees who need to regularly access the IMD Document Control Office Suite should circle **DC0** in the fourth block. Only IMD staff and contractors who work in IMD computer rooms should circle **IMD Computer Rooms**.
 16. List OPPT areas by Division and Room numbers for which Alarm Activation/Deactivation authority is requested. Generally, this is employees home Division only.

Section II – To be completed by Contractor Employees only

9. List Employer's name
- 10a-d. List Employer's address
11. List Contract number
12. List EPA Project Officer's name
13. List EPA Project Officer's telephone number

Section IV – To be completed by all

17. Employee Signature (must be original)
18. Signature Date

Section V – To be completed by all

19. Enter date employee attended TSCA CBI Security Briefing
20. Immediate Supervisor/EPA Project Officers name and sign.
21. Date of signature

Section VI – To be completed by OPPT Security
