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Expires:
04/30/2011OMB clearance number 0625-
0239**SELF - CERTIFYING AN ORGANIZATION'S ADHERENCE TO THE SAFE HARBOR**

To expedite the certification process, prepare the required information before completing this form.
([See Information Required for Certification](#))

If you have any difficulty completing this form or have any other questions concerning the Safe Harbor self-certification process, please contact Damon C. Greer at the International Trade Administration, Department of Commerce, damon.greer@mail.doc.gov, or 202-482-5023.

Public reporting for this collection is estimated to range from 20-40 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. All responses to this collection of information are voluntary, and will be provided confidentially to the extent allowed under the Freedom of Information Act. Notwithstanding any other provisions of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Clearance Officer, International Trade Administration, Department of Commerce, Room 4001, 14th and Constitution Avenue, N.W., Washington, D.C. 20230.

Note: Please save the application by clicking the Save Button in case you required more time to complete the application or what to complete the application at some other time.

ORGANIZATION INFORMATION

Organization Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Website:

ORGANIZATION CONTACT INFORMATION (FOR HANDLING OF COMPLAINTS, ACCESS REQUESTS, AND ANY OTHER ISSUE ARISING UNDER THE SAFE HARBOR)

Contact Office: Maximum 100 characters

Contact Name: Maximum 100 characters

Contact Title: Maximum 100 characters

Contact Phone:

Contact Fax:

Contact Email:

CORPORATE OFFICER WHO IS CERTIFYING THE ORGANISATION'S ADHERENCE TO THE SAFE HARBOR FRAMEWORK

Corporate Officer Name: Maximum 100 characters

Corporate Officer Title: Maximum 100 characters

Corporate Officer Phone:

Corporate Officer Fax:

Corporate Officer Email:

DESCRIPTION OF THE ACTIVITIES OF THE ORGANIZATION WITH RESPECT TO PERSONAL INFORMATION RECEIVED FROM THE EU

Maximum 8000 characters

DESCRIPTION OF THE ORGANIZATION'S PRIVACY POLICY FOR PERSONAL INFORMATION

Please enter the effective date of your organization's privacy policy:

Please provide the location of your organization's privacy policy:

OR

Upload the privacy policy:

Please indicate the appropriate statutory body that has jurisdiction to hear any claims against the organization regarding possible unfair or deceptive practices and violations of laws or regulations governing privacy:

List any privacy programs in which your organization is a member for safe harbor purposes:

[See FAQ 6](#)

What is your organization's verification method e.g., In-house, Third Party. [See FAQ 7](#)

What independent recourse mechanism(s) is(are) available to investigate unresolved complaints (e.g., private sector developed dispute resolution mechanisms that incorporate the safe harbor framework or EU data protection authorities. [See FAQ 11](#)

Maximum 8000 characters

What personal data processed by your organization is covered by the safe harbor? (e.g., off-line, on-line, manually processed data, human resources data)

Maximum 400 characters

Do you plan to cover human resources data?

If yes, you need to agree to cooperate and comply with the European Data Protection Authorities (See FAQs [5](#) & [9](#)). Do you agree to cooperate and comply with the European Data Protection Authorities?

Which EU/EEA Countries do you receive information from? (Select all that apply)

[Select All](#) [None](#)

Austria

Estonia

Hungary

Liechtenstein

Norway

Slovakia

Belgium	Finland	Iceland	Lithuania	Poland	Spain
Bulgaria	France	Ireland	Luxembourg	Portugal	Sweden
Cyprus	Germany	Italy	Malta	Romania	Switzerland
Czech Republic	Greece	Latvia	Netherlands	Slovenia	United Kingdom
Denmark					

Please select your appropriate Industry Sectors. (Select up to 4)

Please select the appropriate level of sales?:

How many employees does your organization have?:

Please print out your completed form now to verify that the information provided is correct and to retain a copy for your files.

If you are ready to submit the self certification for your organization simply click the Continue button below.

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