

DEPARTMENT OF HOMELAND SECURITY

Background Check to Identify Terrorist Ties for an Affected Individual at a High Risk Chemical Facility

Section A: Full Name / Aliases of Affected Individual

1a. Last Name	1b. First Name	1c. Middle Name	1d. Suffix
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Section B: Date & Place of Birth of Affected individual

2. Date of Birth	3a. City of Birth	3b. County of Birth	3c. State of Birth	3d. Country of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Section C: Physical Description of Affected individual

4. Gender
<input style="width: 95%;" type="text"/>

Section D: Citizenship of Affected Individual

Citizenship	Passport Information (For Non-U.S. Citizens)
5. Country	6a. Passport Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	6b. Issuing Country
	<input style="width: 95%;" type="text"/>

7. Alien Registration Number (For Non-U.S. Citizens)
<input style="width: 95%;" type="text"/>

Section E: Redress Number of Affected Individual

8. Redress Number issued to ensure an individual is no longer incorrectly matched against a known or suspected terrorist on the TSDB.
<input style="width: 95%;" type="text"/>

Section F: Other DHS Screening Programs

Number Issued by Other DHS Screening Program

9a. TWIC Number of Affected Individual

9d. FAST Number of Affected Individual

9b. Commercial Driver's License Number with a Hazardous Material Endorsement (HME) of Affected Individual

9e. SENTRI Number of Affected Individual

9c. NEXUS Number of Affected Individual

Verifying Information

9f. Name(s) Enrolled Under With Other DHS Screening Program

9g. Expiration Date

9h. Other Program Specific Information Necessary to Verify Program Enrollment And Status

Section G: Additional Information about Affected Individual

10. Additional information necessary to determine if the affected individual is or is not a match to the Terrorist Screening Database (TSDB).

Section H: High-Risk Chemical Facility Association

11. Name(s) of High-Risk Chemical Facility

12. Unique Facility Identifier (e.g., CSAT Facility ID#)

Section I: Notification the Individual Is No Longer An Affected Individual

13. Indicate when the affected individual no longer has or is seeking access to restricted areas or critical assets

Section J: CFATS Personnel Surety POC Contact Information

14a. Contact Information Has Already Been Collected by DHS Through CFATS

CSAT User

CVI Authorized User

SSP Facility Security Officer

Other

Information Necessary To Verify

For questions and assistance, please call the CSAT Help Desk at 1-866-323-2957
Monday - Friday 7:00a.m. - 7:00p.m., Eastern Time
Not open on Federal holidays

14b. Contact Information Has Not Been Previously Collected by DHS Through CFATS

Name	<input type="text"/>	Title / Position	<input type="text"/>	Phone Number	<input type="text"/>	E-Mail	<input type="text"/>	Other	<input type="text"/>
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Section K: Certification & Affirmation Statements by High-Risk Chemical Facility

Affirmation of Information Veracity

I affirm that, to the best of my knowledge, the information I am about to submit is true, complete, and correct. I understand that making knowing or willful false statements to the federal government as a part of this information submission is prohibited by federal law.

Affirmation of SSP Compliance

I affirm that, to the best of my knowledge, the collection and submission to the Department of Homeland Security of this information is in compliance with a high-risk chemical facility's Site Security Plan, as authorized or approved under 6 CFR Part 27.

Affirmation of Privacy Act Notice

I affirm that notice has been provided to the affected individuals whose information is being submitted which: (1) notifies those individuals that their information is being submitted to DHS for vetting against the Terrorist Screening Database, and that in some cases additional information may be requested and submitted in order to resolve a potential match; (2) instructs those individuals how to access their information; (3) instructs those individuals how to correct their information; and (4) instructs those individuals on procedures available to them for redress if they believe their information has been improperly matched by the Department of Homeland Security to information contained in the Terrorist Screening Database.

FORM INSTRUCTIONS

WHEN TO FILE: A high-risk chemical facility should submit the information in compliance with a DHS approved schedule.

WHERE TO FILE: A high-risk chemical facility must submit the information through the Chemical Security Assessment Tool (CSAT) unless requested to submit by DHS specific information otherwise.

PRIVACY ACT STATEMENT

AUTHORITY: This information collection is authorized by Section 550 of Public Law 109-295 and implementing regulations, 6 CFR Part 27.

PURPOSE: This information is being collected to enable high-risk chemical facilities to fulfill the Personnel Surety Risk Based Performance Standard (RBPS) in their Site Security Plans (SSPs). RBPS 12 at 6 CFR Part 27.230 (a)(12)(iv) requires that regulated high-risk chemical facilities implement "measures designed to identify people with terrorist ties."

ROUTINE USES: The information collected may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using the information, as necessary and authorized by the routine uses published in NPPD/002 Chemical Facility Anti-Terrorism Standards Personnel Surety Program System of Records.

DISCLOSURE: Furnishing this information is required pursuant to Section 550 of Public Law 109-295 and implementing regulations, 6 CFR Part 27.

PAPER WORK 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-NEW. The time required to complete this information collection is estimated to average 0.54 hours (32.4 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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INSTRUCTIONS

- General** This form should be used by the submitter of record for a CFATS covered facility to submit information to the Department in compliance with 6 CFR 27.230(a)12(iv).
- Question 1** Please enter the individual's first, middle, and last name (and/or aliases).
- Question 2** Please enter the individual's date of birth.
- Question 3** Please enter the individual's place of birth.
- Question 4** Please select the individual's gender.
- Question 5** Please enter the affected individual's citizenship.
- Question 6** Please enter the affected individual's passport information. Multiple passports may be entered.
- Question 7** Please enter the affected individual's alien registration number.
- Question 8** Please enter the affected individual's Redress Number Issued by DHS.
- Question 9** Please enter the affected individual's information necessary to confirm the affected individual's enrollment and status in another DHS Screening Program.
- Question 10** This information is not routinely collected through the IT system. In certain cases, DHS may be required to collect additional information (e.g., visa information) about affected individuals in order to clarify data errors or to resolve potential matches (e.g., in situations where an affected individual has a common name). Such requests will not imply, and should not be construed to indicate, that an individual has been confirmed as a match to the TSDB.
- Question 11** Please enter the name(s) of the high-risk chemical facility at which the affected individual has access to a restricted area or critical asset.
- Question 12** Please provide any unique identifying information of the high-risk chemical facility (e.g., CSAT Facility ID #).
- Question 13** Please enter when the affected individual no longer has or is seeking access to a restricted area or critical asset.
- Question 14** Please provide contact information for the appropriate individual that can respond to questions about the affected individual.