

PREDICT NOTICE FOR CERTIFICATE OF DISPOSAL



ID #:

Name of Research Project:

Dear _____:

The PREDICT Coordinating Center (PCC) is hereby notifying you that your Memorandum of Agreement (MOA) between _____ and the PCC and access to the datasets listed below expired on _____. Under the terms of the MOA, upon such expiration, you agreed to either destroy the data or archive it, if allowed. You must now provide the PCC with a Certificate of Disposal certifying that any and all copies of the datasets, whether in whole or in part or on your system or not, have been destroyed or archived per the terms of the MOA.

DATASET(S) TO WHICH ACCESS HAS EXPIRED:

Provider	Dataset Name	Destroy/Archive

The attached Certificate of Disposal must be completed, signed, and returned to the PCC by _____. The Certificate may be emailed to PREDICT-contact@rti.org or faxed to the PREDICT Coordinating Center at +1 866 835 0255. Questions may be directed by telephone to +1 800 957 6422 or via email to PREDICT-contact@rti.org.

Please fill in the requested contact information below.

DHS Authority to Collect This Information: The Homeland Security Act of 2002 [Public Law 107-296, §302(4)] authorizes the Science and Technology Directorate to conduct "basic and applied research, development, demonstration, testing, and evaluation activities that are relevant to any or all elements of the Department, through both intramural and extramural programs." In exercising its responsibility under the Homeland Security Act, S&T is authorized to collect information, as appropriate, to support R&D related to improving the security of the homeland. **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 Coordinating 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 for 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. **Disclosure:** Furnishing this information is entirely voluntary; however, failure to furnish at least the minimum information required to register (to include full name and 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 12/31/2013. The estimated average time to complete this form is 15 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/Province _____ Postal Code/Zip _____

Country _____ Email _____

Phone _____ Alternate Phone _____

Fax _____

**PREDICT
CERTIFICATE OF DISPOSAL**



ID # _____

Project Name:

Researcher:

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 pursuant to a Memorandum of Agreement (the ID referenced above,) have been destroyed or archived per the terms of the MOA. 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) DESTROYED or ARCHIVED: Please initial to certify that proper action has been taken for each dataset.

Provider	Dataset Name	Destroy / Archive	Date Performed

Date Certificate of Disposal Signed: _____

Signature of Researcher _____

To be completed by PREDICT Coordinating Center:

Date of PCC's receipt of Certificate of Disposal: _____