



DEPARTMENT OF HOMELAND SECURITY  
**REQUEST FOR TECHNICAL CONSULTATION**

**Contact Information Submitting Request:**

1a) Is the Submitter a CVI Authorized User? <input type="checkbox"/> Yes <input type="checkbox"/> No	1b) If yes, provide CVI Authorization Number of Submitter: CVI -
2) Name of the Submitter: <i>(Last, First, MI)</i>	3) Phone Number of the Submitter:
4a) CSAT Facility ID #	4b) Facility Name:
5a) Facility's Street Address:	5b) City, State, Zip Code
6) Date Submitted	

**Technical Consultation Request:**

**6) Name and CVI Authorization # of individual to attend consultation:**

Name: <input type="text"/>	CVI Authorization Number: <input type="text"/>
Name: <input type="text"/>	CVI Authorization Number: <input type="text"/>
Name: <input type="text"/>	CVI Authorization Number: <input type="text"/>
Name: <input type="text"/>	CVI Authorization Number: <input type="text"/>
Name: <input type="text"/>	CVI Authorization Number: <input type="text"/>
Name: <input type="text"/>	CVI Authorization Number: <input type="text"/>

**7) Reason for Request:**

I request a technical consultation regarding the modification of my facility.

I request a technical consultation regarding the modification of my facility's processes.

I request a technical consultation regarding the modification of the types of materials that my facility possesses.

I request a technical consultation regarding the modification of the quantities of materials that it possesses.

Other:

**8) Explanation for Request:**

**9) Desired Outcome for Request:**

**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

## REQUEST FOR TECHNICAL CONSULTATION FORM INSTRUCTIONS DHS FORM 9034, REQUEST FOR TECHNICAL CONSULTATION

(Read the following instructions carefully before you complete this form.)

**GENERAL:** This form should be used when a covered facility seeks a consultation and/or technical assistance.

1. Indicate the submitter's CVI number on the form. If you do not know if the submitter is a CVI Authorized user, please contact the help desk for assistance.
2. Please provide the name of the submitter. This name should be the name submitted during the registration process.
3. Please provide a phone number where the submitter can be reached at. When providing the phone number, only input numeral digits into the given space. This number should be the number submitted during the registration process.
4. Please provide the name of the facility and the CSAT facility's ID number. If you do not know the CSAT facilities ID number, please contact the help desk.
5. Please provide the full physical address of the covered facility.
6. Please enter the date this form is being submitted.
7. Please provide the names and CVI Authorization Numbers of those who will attend the consultation meeting.
8. Please check the box that best describes the reason for your request for this technical consultation.
9. Please provide a detailed explanation for this request for technical consultation.
9. Please provide a detailed description of the desired outcome for this request.

**WHEN TO FILE:** In accordance to 6 CFR Part 27.120, when a facility seeks consultation or technical assistance they will need to fill in this form and submit it to DHS.

**WHERE TO FILE:** DHS Form 9034 for Requesting a Technical Consultation may be submitted to DHS through the Chemical Security Assessment Tool (CSAT). Keep a copy of the completed form for your records.

### PRIVACY NOTICE

**Authority:** Section 550 of the Department of Homeland Security Appropriations Act of 2007, Pub. L. No. 109-295 and implementing regulations, the Chemical Facility Anti-Terrorism Standards, 6 C.F.R. Part 27 authorize the collection of this information.

**Purpose:** The primary purpose of this collection is to obtain information regarding a facility's request, including the submitter's contact information.

**Routine Uses:** This information will be used by and disclosed to DHS personnel, contractors, or other agents to assist in fulfilling the request and contacting the submitter, if necessary.

**Disclosure:** Providing this information is voluntary. If you choose not to provide this information, then DHS may not be able to fulfill the request or contact you.

### OMB 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 1670-0014. The time required to complete this information collection is estimated to average 15 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.