



NOTIFICATION OF CHEMICAL-TERRORISM VULNERABILITY (CVI) ACCESS OR DISCLOSURE TO A NON-CVI AUTHORIZED USER DURING AN EMERGENCY OR EXIGENT CIRCUMSTANCE

Contact Information for Individual Reporting:

1a) Are you a CVI Authorized User? 1b) If yes, provide CVI Authorization Number: CVI -
2) Name: (Last, First, MI) 3) Phone Number:
4a) Chemical Security Assessment Tool (CSAT) Facility ID # 4b) Facility Name:

Relevant Details about the Emergency or Exigent Circumstances

5) Date CVI was Shared:
6) Who Received the CVI? Name: Agency:
7) Reporting Statement:
8) Method of Transmittal:
9) Reasons for emergency or exigent access/disclosure:
10) Justification:

My statements in this submission are true, complete, and correct to the best of my knowledge an belief and are made in good faith. I understand that a knowing and wilful false statement on this form can be published by fine or imprisonment or both (see section 1001 of title 18, United States Code).

Signature: Date:



DEPARTMENT OF HOMELAND SECURITY

**NOTIFICATION OF CVI ACCESS OR DISCLOSURE TO A NON-CVI AUTHORIZED USER DURING
AN EMERGENCY OR EXIGENT CIRCUMSTANCE**

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

GENERAL: This form should be used in the event a covered person discloses CVI under emergency and exigent circumstances without standard precaution required by the regulations, 6 CFR Part 27. Notifying DHS will ensure appropriate mitigation actions to take place to protect the disclosure of CVI.

1. Indicate your CVI number on the form. If you do not know your CVI Authorized User ID number, please contact the help desk for assistance.
2. Please provide your full name.
3. Please provide a phone number where you can be reached at. When providing your phone number, only input numeral digits into the given space.
4. Please provide the the name of your facility or the facility who's CVI was shared and the CSAT facility's ID number. If you do not know the CSAT facility ID number, please contact the help desk.
5. To input the date of when CVI was shared, click in the given space and an arrow pointing downwards should pop up. Click on the arrow and you can choose your date from the calendar.
6. Please provide the name(s) and which agency/facility they represent.
7. Please check which best describes the type of sharing which occurred.
8. Please provide the method of transmittal. How was the CVI shared? (e.g., told over phone, e-mailed, etc.)
9. Please describe in full detail the reasons for the emergency or exigent access/disclosure.
10. Please provide the justification on the Need to Know.

WHEN TO FILE: In accordance to Section 550 of P.L. 109-295, the implementing regulations 6 CFR Part 27.

WHERE TO FILE: This form can be submitted to DHS via mail at Mail Stop 8100, Department of Homeland Security, Washington, DC 20528-8100. Keep a copy of the completed form for your records.

PRIVACY ACT STATEMENT

Authority: 5 U.S. C. § 301 and 44 U.S.C. § 3101 authorize the collection of this information.

Purpose: DHS will use this information to register you as a Chemical-terrorism Vulnerability Information (CVI) Authorized User, issue your unique CVI identification number, verify your CVI Authorized User status or contact you regarding your submission.

Routine Use: This information 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 [DHS/ALL-004 General Information Technology Access Account Records System of Records](#) (September 29, 2009, 74 FR 49882).

Disclosure: Furnishing this information is voluntary; however failure to provide any of the information requested may result in you not becoming a CVI Authorized User, not being able to verify your CVI Authorized User status or not being able to contact you regarding your submission.

PAPERWORK 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 1670-0015. 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.

For questions and assistance, please call the CFATS Helpdesk at 1-866-323-2957

Monday - Friday 7:00a.m. - 7:00p.m., Eastern Time

Not open on federal holidays