

IP Gateway User Registration

Registration, feedback, and logon screen to updated to include the following:

OMB Control Number: 1670-0009

Expiration Date: XX/XX/XXXX

Privacy Act Statement:

Authority: 44 U.S.C. § 3101 and 44 U.S.C. § 3534 authorize the collection of this information.

Purpose: DHS will use this information to create and manage your user account and grant access to the Infrastructure Protection (IP) Gateway.

Routine Use: This information may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974. 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 (GITAARS) November 27, 2012, 77 Fed. Reg. 70,792.

Disclosure: Furnishing this information is voluntary; however failure to provide the information requested may delay or prevent DHS from processing your access request.

Paperwork Reduction Act: The public reporting burden to complete this information collection is estimated at 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHS/NPPD/IICD, Kimberly Sass, Kimberly.sass@hq.dhs.gov ATTN: PRA [OMB Control Number 1670-0009].

IP Gateway User Registration Step 1



IP Gateway

Register for Access to IP Gateway

Step 1 of 3: General Information

United States Citizen: *

Employee Type: *

Role Requested: *
 Assessor
 Analyst

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IP Gateway User Registration Step 2

Federal Employee



IP Gateway

Register for Access to IP Gateway

Step 2 of 3: Federal Government Employee

Personnel Information

IDCA only:

First Name: *

Last Name: *

Middle Initial:

Department or Agency: *

Component: *

Role in organization: *

Do you hold any regulatory or rule-making responsibilities: *

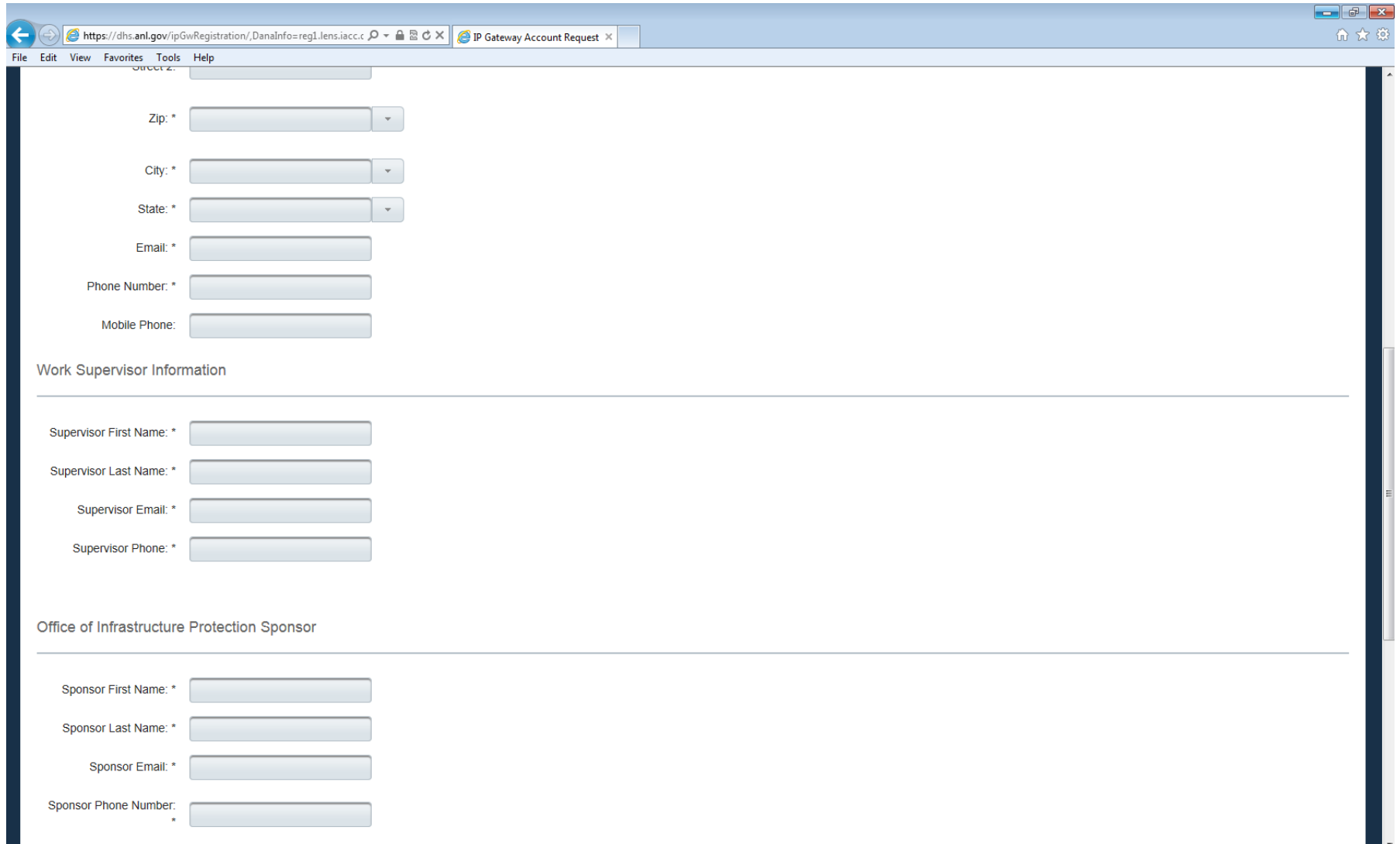
Work Address

Street 1: *

Street 2:

IP Gateway User Registration Step 2

Federal Employee Continued



https://dhs.anl.gov/ipGwRegistration/DanaInfo=reg1.lens.iacc.c IP Gateway Account Request

File Edit View Favorites Tools Help

Direct z:

Zip: *

City: *

State: *

Email: *

Phone Number: *

Mobile Phone:

Work Supervisor Information

Supervisor First Name: *

Supervisor Last Name: *

Supervisor Email: *

Supervisor Phone: *

Office of Infrastructure Protection Sponsor

Sponsor First Name: *

Sponsor Last Name: *

Sponsor Email: *

Sponsor Phone Number: *

IP Gateway User Registration Step 2

Federal Employee Continued

Office of Infrastructure Protection Sponsor

Sponsor First Name: *

Sponsor Last Name: *

Sponsor Email: *

Sponsor Phone Number: *

Cyber Security Training

Does your organization provide annual Cyber Security and Awareness Training:

Organization Cyber Security Training Date:

Need to know

Need to know: *

1000 characters remaining.

IP Gateway User Registration Step 2

Federal Government Contractor

Register for Access to IP Gateway

Step 2 of 3: Federal Government Contractor

Personnel Information

IDCA only:

First Name: *

Last Name: *

Middle Initial:

Department or Agency Supported: *

Component: *

Role in organization: *

Do you hold any regulatory or rule-making responsibilities: *

Work Address

Street 1: *

Street 2:

Zip: *

City: *

IP Gateway User Registration Step 2

Federal Government Contractor Continued

City: *

State: *

Email: *

Phone Number: *

Mobile Phone:

Contract Administrator

Please list the name of a government employee in your office who is knowledgeable about the official/ live status of the contract. (Sometimes called the 'Contract Administrator' or in Federal vernacular, the 'Contracting Official's Representative' (COR).

Contractor Rep. First Name: *

Contractor Rep. Last Name: *

Contractor Rep. Email: *

Contractor Rep. Phone: *

Contracting Company Information

Company Name: *

Street 1: *

Street 2:

Zip: *

City: *

State: *

IP Gateway User Registration Step 2 Federal Government Contractor Continued

Office of Infrastructure Protection Sponsor

Sponsor First Name: *

Sponsor Last Name: *

Sponsor Email: *

Sponsor Phone Number: *

Cyber Security Training

Does your organization provide annual Cyber Security and Awareness Training:

Organization Cyber Security Training Date:

Need to know

Need to know: *

1000 characters remaining.

IP Gateway User Registration Step 2 State Government Employee

Register for Access to IP Gateway

Step 2 of 3: State Government Employee

Personnel Information

IDCA only:

First Name: *

Last Name: *

Middle Initial:

State Government Name: *

State Government Agency: *

Role in organization: *

Do you hold any regulatory or rule-making responsibilities: *

Work Address

Street 1: *

Street 2:

Zip: *

IP Gateway User Registration Step 2 State Government Employee Continued

City:

State: *

Email: *

Phone Number: *

Mobile Phone:

Work Supervisor Information

Supervisor First Name: *

Supervisor Last Name: *

Supervisor Email: *

Supervisor Phone: *

Cyber Security Training

Does your organization provide annual Cyber Security and Awareness Training:

Organization Cyber Security Training Date:

Need to know

Need to know: *

IP Gateway User Registration Step 2 State Contractor

Register for Access to IP Gateway

Step 2 of 3: State Government Contractor

Personnel Information

IDCA only:

First Name: *

Last Name: *

Middle Initial:

State Government Name: *

State Government Agency Supported: *

Role in organization: *

Do you hold any regulatory or rule-making responsibilities: *

Work Address

Street 1: *

Street 2:

Zip: *

IP Gateway User Registration Step 2 State Contractor Continued

City: *

State: *

Email: *

Phone Number: *

Mobile Phone:

Contract Administrator

Please list the name of a government employee in your office who is knowledgeable about the official/ live status of the contract. (Sometimes called the 'Contract Administrator' or in Federal vernacular, the 'Contracting Official's Representative' (COR).

Contractor Rep. First Name: *

Contractor Rep. Last Name: *

Contractor Rep. Email: *

Contractor Rep. Phone: *

Contracting Company Information

Company Name: *

Street 1: *

Street 2:

Zip: *

City: *

IP Gateway User Registration Step 2 State Contractor Continued

The screenshot shows a web browser window with the address bar displaying <https://dhs.anl.gov/ipGwRegistration/,Danainfo=reg1.lens.iacc.c> and a tab titled "IP Gateway Account Request". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help".

The registration form contains the following fields:

- Company Name:
- Street 1: *
- Street 2:
- Zip: *
- City: *
- State: *

Cyber Security Training

Does your organization provide annual Cyber Security and Awareness Training:

Organization Cyber Security Training Date:

Need to know

Need to know: *

1000 characters remaining.

Navigation buttons: and

IP Gateway User Registration Step 2 Local Government Employee

Register for Access to IP Gateway

Step 2 of 3: Local Government Employee

Personnel Information

IDCA only:

First Name: *

Last Name: *

Middle Initial:

State Government Name: *

Local Government Agency: *

Role in organization: *

Do you hold any regulatory or rule-making responsibilities: *

Work Address

Street 1: *

Street 2:

Zip: *

IP Gateway User Registration Step 2 Local Government Employee

https://dhs.anl.gov/ipGatewayRegistration/DanaInfo=reg1.lens.iacc.c IP Gateway Account Request

File Edit View Favorites Tools Help

City: *

State: *

Email: *

Phone Number: *

Mobile Phone:

Work Supervisor Information

Supervisor First Name: *

Supervisor Last Name: *

Supervisor Email: *

Supervisor Phone: *

Cyber Security Training

Does your organization provide annual Cyber Security and Awareness Training:

Organization Cyber Security Training Date:

Need to know

IP Gateway User Registration Step 2 Local Government Contractor

Register for Access to IP Gateway

Step 2 of 3: Local Government Contractor

Personnel Information

IDCA only:

First Name: *

Last Name: *

Middle Initial:

State Government Name: *

Local Government Agency Supported: *

Role in organization: *

Do you hold any regulatory or rule-making responsibilities: *

Work Address

Street 1: *

Street 2:

Zip: *

IP Gateway User Registration Step 2 Local Government Contractor Continued

City: *

State: *

Email: *

Phone Number: *

Mobile Phone:

Contract Administrator

Please list the name of a government employee in your office who is knowledgeable about the official/ live status of the contract. (Sometimes called the 'Contract Administrator' or in Federal vernacular, the 'Contracting Official's Representative' (COR).

Contractor Rep. First Name: *

Contractor Rep. Last Name: *

Contractor Rep. Email: *

Contractor Rep. Phone: *

Contracting Company Information

Company Name: *

Street 1: *

Street 2:

Zip: *

City: *

IP Gateway User Registration Step 2 Local Government Contractor Continued

https://dhs.anl.gov/ipGwRegistration/,DanaInfo=reg1.lens.iacc.c IP Gateway Account Request

File Edit View Favorites Tools Help

Street 1: *

Street 2:

Zip: *

City: *

State: *

Cyber Security Training

Does your organization provide annual Cyber Security and Awareness Training: Yes

Organization Cyber Security Training Date:

Need to know

Need to know: *

1000 characters remaining.

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IP Gateway User Registration Step 2 Tribal Government Employee

Register for Access to IP Gateway

Step 2 of 3: Tribal Government Employee

Personnel Information

IDCA only:

First Name: *

Last Name: *

Middle Initial:

Tribal Government Name: *

Tribal Government Supported: *

Role in organization: *

Do you hold any regulatory or rule-making responsibilities: *

Work Address

Street 1: *

Street 2:

Zip: *

IP Gateway User Registration Step 2 Tribal Government Employee Continued

Browser address bar: <https://dhs.anl.gov/ipGwRegistration/,DanaInfo=reg1.lens.iacc.c> IP Gateway Account Request

File Edit View Favorites Tools Help

City: *

State: *

Email: *

Phone Number: *

Mobile Phone:

Work Supervisor Information

Supervisor First Name: *

Supervisor Last Name: *

Supervisor Email: *

Supervisor Phone: *

Cyber Security Training

Does your organization provide annual Cyber Security and Awareness Training:

Organization Cyber Security Training Date:

Need to know

IP Gateway User Registration Step 2 Tribal Government Contractor

Register for Access to IP Gateway

Step 2 of 3: Tribal Government Contractor

Personnel Information

IDCA only:

First Name: *

Last Name: *

Middle Initial:

Tribal Government Name: *

Tribal Government Agency Supported: *

Role in organization: *

Do you hold any regulatory or rule-making responsibilities: *

Work Address

Street 1: *

Street 2:

Zip: *

IP Gateway User Registration Step 2 Tribal Government Contractor Continued

The screenshot shows a web browser window with the URL <https://dhs.anl.gov/ipGwRegistration/DanaInfo=reg1.lens.iacc.c>. The browser's address bar and tabs are visible, with one tab titled "IP Gateway Account Request". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help".

The registration form contains the following fields:

- City: * (text input with dropdown arrow)
- State: * (text input with dropdown arrow)
- Email: * (text input)
- Phone Number: * (text input)
- Mobile Phone: (text input)

Contract Administrator

Please list the name of a government employee in your office who is knowledgeable about the official/ live status of the contract. (Sometimes called the 'Contract Administrator' or in Federal vernacular, the 'Contracting Official's Representative' (COR).

- Contractor Rep. First Name: * (text input)
- Contractor Rep. Last Name: * (text input)
- Contractor Rep. Email: * (text input)
- Contractor Rep. Phone: * (text input)

Contracting Company Information

- Company Name: * (text input)
- Street 1: * (text input)
- Street 2: (text input)
- Zip: * (text input with dropdown arrow)
- City: * (text input with dropdown arrow)

IP Gateway User Registration Step 2 Tribal Government Contractor Continued

Street 1: *

Street 2:

Zip: *

City: *

State: *

Cyber Security Training

Does your organization provide annual Cyber Security and Awareness Training: Yes

Organization Cyber Security Training Date:

Need to know

Need to know: *

1000 characters remaining.


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IP Gateway User Registration Step 3

https://dhs.anl.gov/ipGwRegistration/DanaInfo=reg1.Jens.iacc.x IP Gateway Account Request x

File Edit View Favorites Tools Help



IP Gateway

Register for Access to IP Gateway

Step 3 of 3: PCI

Access Requested For: *

PCI trained: * Yes

PCI Certification number:

How do you plan to use this information:

- Analysis or CIP program coordination
- Incident Planning
- Emergency Response
- Performing Assessments
- Other

Other use of this information:

Register account request: