



**REQUEST FOR DETERMINATION OF  
CHEMICAL-TERRORISM VULNERABILITY INFORMATION (CVI)**

**Contact Information for Individual Submitting Designation Request:**

1a) Are you a CVI Authorized User? <input type="checkbox"/> Yes <input type="checkbox"/> No	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:

**CVI Determination Information**

5) Date of Request:	
6) Subject / Title of the Request	
7) Synopsis of the Information:	
8) Justification:	
9) Origin of Information:	

10) Attachment:                       I have attached the information that will be reviewed for determination of CVI

*DHS will communicate its final determination to the submitter registered with DHS for the facility in question or the appropriate point of contact at the other state, local, tribal territorial or other federal agencies.*



**DEPARTMENT OF HOMELAND SECURITY**  
**REQUEST FOR DETERMINATION OF CVI INSTRUCTIONS**

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

**GENERAL:** This form should be used in the event a facility develops information that could, in the facility's judgement, compromise facility security if publicly disclosed and that information is not listed as CVI under 6 CFR 27,400 (b) (1) - (8).

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 request, 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 subject or the title of your request. The subject/title should best describe your information.
7. Please provide a detailed description of the synopsis of the information.
8. Please provide a detailed description of justification for why the attachments would be CVI. Please do not include CVI in the synopsis.
9. Please describe where the information originates from. Please do not include CVI in the description.
10. When submitting form, attach the information that will be reviewed for determination of CVI.

**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