

PRIVACY THRESHOLD ANALYSIS (PTA)

This form serves as the official determination by the DHS Privacy Office to identify the privacy compliance requirements for all Departmental uses of personally identifiable information (PII).

A Privacy Threshold Analysis (PTA) serves as the document used to identify information technology (IT) systems, information collections/forms, technologies, rulemakings, programs, information sharing arrangements, or pilot projects that involve PII and other activities that otherwise impact the privacy of individuals as determined by the Chief Privacy Officer, pursuant to Section 222 of the Homeland Security Act, and to assess whether there is a need for additional Privacy Compliance Documentation. A PTA includes a general description of the IT system, information collection, form, technology, rulemaking, program, pilot project, information sharing arrangement, or other Department activity and describes what PII is collected (and from whom) and how that information is used and managed.

Please complete the attached Privacy Threshold Analysis and submit it to your component Privacy Office. After review by your component Privacy Officer the PTA is sent to the Department's Senior Director for Privacy Compliance for action. If you do not have a component Privacy Office, please send the PTA to the DHS Privacy Office:

Senior Director, Privacy Compliance The Privacy Office U.S. Department of Homeland Security Washington, DC 20528 Tel: 202-343-1717

PIA@hq.dhs.gov

Upon receipt from your component Privacy Office, the DHS Privacy Office will review this form and assess whether any privacy compliance documentation is required. If compliance documentation is required – such as Privacy Impact Assessment (PIA), System of Records Notice (SORN), Privacy Act Statement, or Computer Matching Agreement (CMA) – the DHS Privacy Office or component Privacy Office will send you a copy of the relevant compliance template to complete and return.



Privacy Threshold Analysis (PTA)

Specialized Template for Information Collections (IC) and Forms

The Forms-PTA is a specialized template for Information Collections and Forms. This specialized PTA must accompany all Information Collections submitted as part of the Paperwork Reduction Act process (any instrument for collection (form, survey, questionnaire, etc.) from ten or more members of the public). Components may use this PTA to assess internal, component-specific forms as well.

| Form Number: | CG-5643 | | |
|--------------|-------------------------------|---------|--------|
| Form Title: | Safety Management Certificate | | |
| Component: | U.S. Coast Guard (USCG) | Office: | CG-REG |

IF COVERED BY THE PAPERWORK REDUCTION ACT:

| Collection Title: | Various International Agreement Safety Certificates and Documents | | |
|--------------------------|---|--------------------------------------|---------------|
| OMB Control Number: | 1625-0017 | OMB Expiration Date: | July 31, 2017 |
| Collection status: | Extension | Date of last PTA (if applicable): | N/A |

| PROJECT OR PROGRAM MANAGER | | | | |
|----------------------------|-------------------|--------|-------------------------|--|
| Name: | Mr. David Du Pont | | | |
| Office: | CG-REG | Title: | Reg Dev Mgr | |
| Phone: | 202-372-1497 | Email: | David.A.DuPont@uscg.mil | |

COMPONENT INFORMATION COLLECTION/FORMS CONTACT

| Name: | Mr. Arthur Requina | | |
|---------|--------------------|--------|---------------------------|
| Office: | CG-612 | Title: | Forms Manager |
| Phone: | 202-475-3651 | Email: | Arthur.A.Requina@uscg.mil |

SPECIFIC IC/Forms PTA QUESTIONS



1. Purpose of the Information Collection or Form

The purpose of the form is to certify that a ship meets certain International Convention for the Safety of Life at Sea (SOLAS) requirements. SOLAS applies to certain passenger and cargo ships that engage in international voyages. The Coast Guard issues certificates as proof of compliance with SOLAS. The form contains vessel-specific information—not PII.

The authority for the issuance of this form is 46 U.S. Code 3306, 3307, 3316 and 3703.

| 2. | Describe the IC/Form | |
|----|-----------------------------------|---|
| a. | Does this form collect any | □ Yes |
| | Personally Identifiable | 🖂 No |
| | Information" (PII ¹)? | |
| b. | From which type(s) of | Members of the public |
| | individuals does this form | \Box U.S. citizens or lawful permanent |
| | collect information? | residents |
| | (Check all that apply.) | 🗆 Non-U.S. Persons. |
| | | DHS Employees |
| | | DHS Contractors |
| | | \Box Other federal employees or contractors. |
| C. | Who will complete and | \Box The record subject of the form (e.g., the |
| | submit this form? (Check | individual applicant). |
| | all that apply.) | \Box Legal Representative (preparer, attorney, etc.). |
| | | \Box Business entity. |
| | | If a business entity, is the only |
| | | information collected business contact |
| | | information? |
| | | □ Yes |
| | | \Box No |
| | | \Box Law enforcement. |
| | | 🖂 DHS employee or contractor. |

¹ Personally identifiable information means any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



| | □ Other individual/entity/organization that is | | |
|---|--|--|--|
| | NOT the record subject. Please describe. | | |
| | Click here to enter text. | | |
| | | | |
| d. How do individuals | \Box Paper. | | |
| complete the form? <i>Check</i> | \square Electronic. (ex: fillable PDF) | | |
| all that apply. | \square Online web form. (available and submitted via | | |
| | the internet) | | |
| | Provide link: | | |
| | | | |
| | IS collect on the form? This form does not collect PII. | | |
| N/A. | | | |
| | tial Security number (SSN) or other element that is stand- | | |
| | y Identifiable Information (SPII)? No. | | |
| \Box Social Security number | DHS Electronic Data Interchange | | |
| 🗆 Alien Number (A-Number | - | | |
| Tax Identification Number | 🗆 Social Media Handle/ID | | |
| □ Visa Number □ Known Traveler Number | | | |
| □ Passport Number □ Trusted Traveler Number (Globa | | | |
| □ Bank Account, Credit Card, or other Entry, Pre-Check, etc.) | | | |
| financial account number 🛛 Driver's License Number | | | |
| □ Other. <i>Please list:</i> □ Biometrics | | | |
| | | | |
| g. List the <i>specific authorit</i> y | y to collect SSN or these other SPII elements. | | |
| | | | |
| N/A. | | | |
| | be used? What is the purpose of the collection? Describe | | |
| | I is the minimum amount of information necessary to | | |
| accomplish the purpose o | f the program. | | |
| N/A. | | | |
| i. Are individuals | ☐ Yes. Please describe how notice is provided. | | |
| provided notice at the | Click here to enter text. | | |
| time of collection by | \boxtimes No. | | |
| DHS (Does the records | | | |
| subject have notice of | | | |



| t | the collection or is |
|---|--------------------------|
| j | form filled out by third |
| l | party)? |

| 3. How will DHS store th | ne IC/form responses? |
|---|---|
| a. How will DHS store | Paper. Please describe. |
| the original, | Click here to enter text. |
| completed IC/forms? | \Box Electronic. Please describe the IT system that will |
| | store the data from the form. |
| | Click here to enter text. |
| | \boxtimes Scanned forms (completed forms are scanned into |
| | an electronic repository). Please describe the |
| | electronic repository. |
| | Forms that the Coast Guard creates are |
| | maintained in Marine Information for Safety and Law |
| | Enforcement (MISLE) database. |
| | |
| b. If electronic, how | \boxtimes Manually (data elements manually entered). |
| does DHS input the | Please describe. |
| responses into the IT | A scanned form is uploaded into the vessel- |
| system? | specific file in MISLE. |
| | □ Automatically. Please describe. |
| | Click here to enter text. |
| | |
| c. How would a user | \Box By a unique identifier. ² <i>Please describe</i> . If |
| search the | information is retrieved by personal identifier, please |
| information submitted on the | submit a Privacy Act Statement with this PTA. |
| | Click here to enter text. |
| forms, <i>i.e.</i> , how is the information | By a non-personal identifier. <i>Please describe</i> . |
| retrieved? | A search can be done using vessel-specific |
| | information. |
| d. What is the records | A record is retained for the life of the vessel; NARA |
| retention | retention schedule number N1-026-05-015. |

 $^{^{2}}$ Generally, a unique identifier is considered any type of "personally identifiable information," meaning any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



| | schedule(s)? Include | | | |
|--|---|---|--|--|
| | the records schedule | | | |
| | number. | | | |
| e. | How do you ensure | As records are maintained in the MISLE database, | | |
| | that records are | disposal/deletion is in accordance with the business | | |
| | disposed of or deleted | rules for the database. | | |
| | in accordance with | | | |
| | the retention | | | |
| | schedule? | | | |
| f. | f. Is any of this information shared outside of the original program/office? | | | |
| \geq | \boxtimes No. Information on this form is not shared outside of the collecting office. | | | |
| | | | | |
| |] Yes, information is share | ed with other DHS components or offices. Please describe. | | |
| | Click here to enter text. | | | |
| | | | | |
| | \Box Yes, information is shared <i>external</i> to DHS with other federal agencies, state/local | | | |
| partners, international partners, or non-governmental entities. Please describe. | | | | |
| Click here to enter text. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



Please include <u>a copy of the referenced form and Privacy Act Statement</u> (if applicable) with this PTA upon submission.



PRIVACY THRESHOLD REVIEW

(TO BE COMPLETED BY COMPONENT PRIVACY OFFICE)

| Component Privacy Office | Kenlinishia Tyler |
|-----------------------------------|---|
| Reviewer: | |
| Date submitted to component | March 2, 2017 |
| Privacy Office: | |
| Date submitted to DHS Privacy | March 10, 2017 |
| Office: | |
| Have you approved a Privacy Act | \Box Yes. Please include it with this PTA |
| Statement for this form? (Only | submission. |
| applicable if you have received a | X No. Please describe why not. |
| waiver from the DHS Chief Privacy | CG-5643 is not privacy sensitive |
| Officer to approve component | · · · |
| Privacy Act Statements.) | |
| | |

Component Privacy Office Recommendation: Please include recommendation below, including what existing privacy compliance documentation is available or new privacy compliance documentation is needed.

The Safety Management Certificate (CG-5643) is not privacy sensitive. However, a copy of this form will be maintained in the vessel specific file within the CG Marine Information for Safety Law Enforcement system.



PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

| DHS Privacy Office Reviewer: | Michael Capparra |
|---|------------------|
| PCTS Workflow Number: | 1139983 |
| Date approved by DHS Privacy Office: | 3/14/17 |
| PTA Expiration Date | 3/14/20 |

DESIGNATION

| Privacy Sensitiv Form: | e IC or | No. If "no" PTA adjudication is complete. | |
|---------------------------------------|--|---|--|
| Determination: | | ☐ PTA sufficient at this time. | |
| | | Privacy compliance documentation determination in | |
| | | progress. | |
| | | □ New information sharing arrangement is required. | |
| | | DHS Policy for Computer-Readable Extracts Containing SPII | |
| | | applies. | |
| | | Privacy Act Statement required. | |
| | | Privacy Impact Assessment (PIA) required. | |
| | | □ System of Records Notice (SORN) required. | |
| | | □ Specialized training required. | |
| | | \Box Other. Click here to enter text. | |
| | | | |
| DHS IC/Forms Review: | | Choose an item. | |
| | | | |
| Date IC/Form | | Click here to enter a date. | |
| Approved by PRIV: | | | |
| IC/Form PCTS | | Click here to enter text. | |
| Number: | | | |
| - | Privacy Act e(3) statement not required. | | |
| Statement:Privacy Notice is required. | | y Notice is required. | |
| PTA: | No system PTA required. | | |



| | Click here to enter text. |
|---|--|
| PIA: | Choose an item. |
| | If covered by existing PIA, please list: Click here to enter text. |
| | If a PIA update is required, please list: Click here to enter text. |
| SORN: | Choose an item. |
| | If covered by existing SORN, please list: Click here to enter text. |
| | If a SORN update is required, please list: Click here to enter text. |
| DHS Privacy Office Comments: | |
| Please describe rationale for privacy compliance determination above. | |
| The DHS Privacy Office finds that the Safety Management Certificate, CG-5643, is a non | |
| privacy-sensitive information collection. The form collects vessel-specific information that | |
| is used to certify that a ship meets International Convention for the Safety of Life at Sea | |
| (SOLAS) requirements, in order to generate certificates as proof of compliance with SOLAS. | |
| No PII is associated with this collection, therefore no PIA, SORN, or Privacy Act Statement are | |
| required. | |