



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-2633

Form Title: Application for Waiver and Waiver Order

Component: U.S. Coast Guard (USCG) **Office:** CG-REG

IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title: Applications for Vessel Inspection, Waiver, and Continuous Synopsis Record

OMB Control Number:	1625-0002	OMB Expiration Date:	June 30, 2017
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Collection status:	Extension	Date of last PTA (if applicable):	N/A
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PROJECT OR PROGRAM MANAGER

Name: Mr. David Du Pont

Office:	CG-REG	Title:	Reg Dev Mgr
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Phone:	202-372-1497	Email:	David.A.DuPont@uscg.mil
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COMPONENT INFORMATION COLLECTION/FORMS CONTACT

Name: Mr. Arthur Requina

Office:	CG-612	Title:	Forms Manager
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Phone:	202-475-3651	Email:	Arthur.A.Requina@uscg.mil
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SPECIFIC IC/Forms PTA QUESTIONS

1. Purpose of the Information Collection or Form

The purpose of the form is to document an application for waiver. An application is voluntary and is only submitted when a vessel owner/operator desires a waiver from the navigation and vessel inspection requirements. The Coast Guard promulgated regulations to protect life, property, and the environment. This voluntary reporting requirement is part of the Coast Guard's Marine Safety Program.

CG Form 2633 contains basic business contact information which may include the name and address of the vessel owner/operator, if owned/operated by an individual.

The authority to receive this information is 46 U.S. Code 3306.

2. Describe the IC/Form

a. Does this form collect any Personally Identifiable Information" (PII¹)?

- Yes
- No

b. From which type(s) of individuals does this form collect information? (Check all that apply.)

- Members of the public
 - U.S. citizens or lawful permanent residents
 - Non-U.S. Persons.
- DHS Employees
- DHS Contractors
- Other federal employees or contractors.

c. Who will complete and submit this form? (Check all that apply.)

- The record subject of the form (e.g., the individual applicant).
- Legal Representative (preparer, attorney, etc.).
- Business entity.

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.



	<p>If a business entity, is the only information collected business contact information?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Law enforcement. <input type="checkbox"/> DHS employee or contractor. <input type="checkbox"/> Other individual/entity/organization that is NOT the record subject. <i>Please describe.</i> Click here to enter text.</p>														
<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<p><input checked="" type="checkbox"/> Paper. <input checked="" type="checkbox"/> Electronic. (ex: fillable PDF) <input type="checkbox"/> Online web form. (available and submitted via the internet) <i>Provide link:</i></p>														
<p>e. What information will DHS collect on the form?</p>															
<p>Basic business contact information (i.e. vessel characteristics, name/address of vessel owner/operator, and signature of applicant).</p>															
<p>f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? No.</p>															
<table border="0"> <tr> <td><input type="checkbox"/> Social Security number</td> <td><input type="checkbox"/> DHS Electronic Data Interchange Personal Identifier (EDIPI)</td> </tr> <tr> <td><input type="checkbox"/> Alien Number (A-Number)</td> <td><input type="checkbox"/> Social Media Handle/ID</td> </tr> <tr> <td><input type="checkbox"/> Tax Identification Number</td> <td><input type="checkbox"/> Known Traveler Number</td> </tr> <tr> <td><input type="checkbox"/> Visa Number</td> <td><input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.)</td> </tr> <tr> <td><input type="checkbox"/> Passport Number</td> <td><input type="checkbox"/> Driver's License Number</td> </tr> <tr> <td><input type="checkbox"/> Bank Account, Credit Card, or other financial account number</td> <td><input type="checkbox"/> Biometrics</td> </tr> <tr> <td><input type="checkbox"/> Other. <i>Please list:</i></td> <td></td> </tr> </table>		<input type="checkbox"/> Social Security number	<input type="checkbox"/> DHS Electronic Data Interchange Personal Identifier (EDIPI)	<input type="checkbox"/> Alien Number (A-Number)	<input type="checkbox"/> Social Media Handle/ID	<input type="checkbox"/> Tax Identification Number	<input type="checkbox"/> Known Traveler Number	<input type="checkbox"/> Visa Number	<input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.)	<input type="checkbox"/> Passport Number	<input type="checkbox"/> Driver's License Number	<input type="checkbox"/> Bank Account, Credit Card, or other financial account number	<input type="checkbox"/> Biometrics	<input type="checkbox"/> Other. <i>Please list:</i>	
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<input type="checkbox"/> Other. <i>Please list:</i>															
<p>g. List the <i>specific authority</i> to collect SSN or these other SPII elements.</p>															
<p>N/A</p>															
<p>h. How will this information be used? What is the purpose of the collection? Describe</p>															



why this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program.	
The form is used to document the request for waiver from the navigation and vessel inspection requirements.	
i. Are individuals provided notice at the time of collection by DHS (<i>Does the records subject have notice of the collection or is form filled out by third party</i>)?	<input checked="" type="checkbox"/> Yes. Please describe how notice is provided. The Application For Waiver and Waiver Order (CG-2633) contains a Privacy Act Statement. <input type="checkbox"/> No.

3. How will DHS store the IC/form responses?	
a. How will DHS store the original, completed IC/forms?	<input type="checkbox"/> Paper. Please describe. Click here to enter text. <input type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. Click here to enter text. <input checked="" type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. Forms that the Coast Guard receive are maintained in Marine Information for Safety and Law Enforcement (MISLE) database.
b. If electronic, how does DHS input the responses into the IT system?	<input checked="" type="checkbox"/> Manually (data elements manually entered). Please describe. A scanned form is uploaded to the vessel-specific file in MISLE. <input type="checkbox"/> Automatically. Please describe. Click here to enter text.



<p>c. How would a user search the information submitted on the forms, <i>i.e.</i>, how is the information retrieved?</p>	<p><input type="checkbox"/> By a unique identifier.² <i>Please describe.</i> If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA. Click here to enter text.</p> <p><input checked="" type="checkbox"/> By a non-personal identifier. A search is accomplished using vessel-specific information.</p>
<p>d. What is the records retention schedule(s)? <i>Include the records schedule number.</i></p>	<p>A record is retained for the life of the vessel; NARA retention schedule number N1-026-05-015.</p>
<p>e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?</p>	<p>As records are maintained in the MISLE database, disposal/deletion is in accordance with the business rules for the database.</p>
<p>f. Is any of this information shared outside of the original program/office? <i>If yes, describe where (other offices or DHS components or external entities) and why. What are the authorities of the receiving party?</i></p>	
<p><input type="checkbox"/> Yes, information is shared with other DHS components or offices. Please describe. Click here to enter text.</p> <p><input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> No. Information on this form is not shared outside of the collecting office.</p>	

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.



**Homeland
Security**

Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
202-343-1717, pia@hq.dhs.gov
www.dhs.gov/privacy



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



PRIVACY THRESHOLD REVIEW

(TO BE COMPLETED BY COMPONENT PRIVACY OFFICE)

Component Privacy Office Reviewer:	Kenlinishia Tyler
Date submitted to component Privacy Office:	February 10, 2017
Date submitted to DHS Privacy Office:	April 6, 2017
Have you approved a Privacy Act Statement for this form? (<i>Only applicable if you have received a waiver from the DHS Chief Privacy Officer to approve component Privacy Act Statements.</i>)	<input checked="" type="checkbox"/> Yes. Please include it with this PTA submission. <input type="checkbox"/> No. Please describe why not. Click here to enter text.
Component Privacy Office Recommendation:	
<p>The Plan Approval and Records for Subdivision and Stability Regulations -- Title 46 CFR Subchapter S (1625-0002) collects basic business contact information (i.e. vessel characteristics, name/address of vessel owner/operator, and signature of applicant) from vessel owners/operators that request a waiver from navigation and vessel inspection requirements.</p> <p>This collection of information is covered under DHS/USCG/PIA-008 and DHS/USCG-013.</p>	



PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	Michael Capparra
PCTS Workflow Number:	1141502
Date approved by DHS Privacy Office:	4/10/17
PTA Expiration Date	4/10/20

DESIGNATION

Privacy Sensitive IC or Form:	Yes If "no" PTA adjudication is complete.
Determination:	<input type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required. <input type="checkbox"/> DHS Policy for Computer-Readable Extracts Containing SPII applies. <input type="checkbox"/> Privacy Act Statement required. <input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required. <input checked="" type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Specialized training required. <input type="checkbox"/> Other. Click here to enter text.
DHS IC/Forms Review:	Choose an item.
Date IC/Form Approved by PRIV:	Click here to enter a date.
IC/Form PCTS Number:	Click here to enter text.
Privacy Act Statement:	Choose an item. Click here to enter text.
PTA:	No system PTA required.



	Click here to enter text.
PIA:	<p>System covered by existing PIA</p> <p>If covered by existing PIA, please list: DHS/USCG/PIA-008 Marine Information for Safety and Law Enforcement (MISLE)</p> <p>If a PIA update is required, please list: Click here to enter text.</p>
SORN:	<p>System covered by existing SORN</p> <p>If covered by existing SORN, please list: DHS/USCG-013 - Marine Information for Safety and Law Enforcement (MISLE)</p> <p>If a SORN update is required, please list: Click here to enter text.</p>
DHS Privacy Office Comments:	
<i>Please describe rationale for privacy compliance determination above.</i>	
<p>The DHS Privacy Office finds that CG 2633 (Application for Waiver and Waiver Order) is a privacy-sensitive collection. The application is used by vessel owners/operators to request a waiver for navigation and vessel inspection requirements. The form collects basic business contact information, which may include the name and address of the vessel owner/operator, if it is owned/operated by an individual.</p> <p>The Privacy Office finds that PIA coverage is provided by DHS/USCG/PIA-008 Marine Information for Safety and Law Enforcement (MISLE), which assess the privacy risks associated with the Coast Guard’s use of PII in support of marine safety, security, environmental protection and law enforcement programs. PRIV also finds that SORN coverage is provided by DHS/USCG-013 - Marine Information for Safety and Law Enforcement (MISLE), which outlines the Coast Guard’s collection and maintenance of information in order to establish a safety, security and law enforcement performance history of vessels, facilities, people and organizations engaged in marine transportation, including enforcement action, that can be used to identify and address safety, security and environmental risks and to establish vessel eligibility for documentation as a U.S. flag vessel.</p>	