

CFATS Helpdesk Web Form



Homeland
Security



1. 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 Office of Management and Budget (OMB) Control Number. The valid OMB Control Number for this information collection is 1670-0007. The time required to complete this information collection is estimated to average 0.17 hours 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.

2. Privacy Notice

Authority: 6 U.S.C. §§ 621-29 (Protecting and Securing Chemical Facilities from Terrorist Attacks Act of 2014) and the Chemical Facility Anti-Terrorism Standards, 6 C.F.R. Part 27 authorize the collection of this information.

Purpose: The purpose of this collection is to respond to your questions and provide technical support for the Chemical Facility Anti-Terrorism Standards (CFATS) Program.

Routine Use: The Personally Identifiable Information (PII) you provide will be used by and disclosed to DHS personnel, contractors and other agents, including but not limited to other Federal, state, and local officials; and to answer your questions, provide technical support, or refer inquiries to another appropriate Federal agency or official.

Disclosure: Providing PII is voluntary; however failure to provide any of the information requested may prevent the Chemical Facility Anti-Terrorism Standards (CFATS) Helpdesk from providing assistance or answering your questions.

3. CFATS Helpdesk Web Form

In order to expedite the handling of your request, please provide the following information. We are required to input the information requested prior to providing an answer to questions that are received at the helpdesk for tracking purposes only.

If you are a covered facility, please provide your facility ID. If you have completed the registration process but do not know your coverage status, please include the registration form ID number that may be found in the registration email or on the printed form located below the barcode.

The information collected is secured as required by the Department of Homeland Security and cannot be accessed by any outside sources.



Submittal Form

Facility Name	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Phone Number	<input type="text"/>
Facility Address (Street)	<input type="text"/>
Facility Address (City, State, Zip)	<input type="text"/>
Email Address	<input type="text"/>
Re-enter Email Address for Confirmation	<input type="text"/>
Registered CSAT User?	<input type="radio"/> Yes <input type="radio"/> No
CSAT Username (if applicable)	<input type="text"/>
Facility ID (if applicable)	<input type="text"/>
Facility Survey ID (if applicable)	<input type="text"/>
User Registration Number (if applicable)	<input type="text"/>
Brief Description of Question or Issue	<input type="text"/>