

CFATS Helpdesk 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 Form

In order to expedite the handling of your request, please provide the following information. We are required to collect 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.



Account Information

Account Owner		Phone	<input type="text"/>
Account Name	<input type="text"/>	Fax	<input type="text"/>
Parent Account	<input type="text"/>	Website	<input type="text"/>
Registration Number	<input type="text"/>	Related Terminated Information	<input type="text"/>
Registration Facility ID	<input type="text"/>	UM Comments	<input type="text"/>
Registration Status	<input type="text"/>	Facility ID	<input type="text"/>
Registration Timestamp	<input type="text"/>	Facility Status	<input type="text" value="v"/>
Notes	<input type="text"/>		

Additional Information

Industry	<input type="text" value="v"/>
Physical Street	<input type="text"/>
Physical City	<input type="text"/>
Physical State/Province	<input type="text"/>
Physical Zip/Postal Code	<input type="text"/>
Physical Country	<input type="text"/>



Case Information

Status

Escalation Tier

Tier Level Closed

Case Reason

1 FAQ #

2 FAQ #

3 FAQ #

4 FAQ #

User Category

Case Counter

Facility Information

Supervisor Corrections

Facility Name

Error Code 2

Error Code

Error Code 3

Error Code 4

DHS Request

Facility Address

Facility Address 2

Facility City

Facility State

Facility Zip

Submit to public solutions

Solution Title

Solution Details

Save Cancel



Case Information	
Case Owner	
Contact Name	<input type="text"/>
Account Name	<input type="text"/>
1 FAQ #	<input type="text"/>
2 FAQ #	<input type="text"/>
3 FAQ #	<input type="text"/>
4 FAQ #	<input type="text"/>

Additional Information	
Status	<input type="text"/>
Escalation Tier	<input type="text"/>
Tier Level Closed	--None--
Case Origin	<input type="text"/>
Priority	<input type="text"/>
Type	<input type="text"/>
Case Reason	<input type="text"/>
Case Counter	<input type="text"/>

Description Information	
Subject	<input type="text"/>
Subject Reasoning	--None--
Potential Incorrect Facility	<input type="checkbox"/>
DHS Request	<input type="checkbox"/>
CVI Shared	<input type="checkbox"/>
Description	<input type="text"/>

Internal Comments	
	<input type="text"/>

Accuracy	
Supervisor Corrections	<input type="text"/>

Optional	
<input type="checkbox"/>	Assign using active assignment rules



Contact Information	
Contact Owner	Phone
Salutation	ext
First Name	Fax
Last Name	Mobile
Account Name	Other Phone
contact counter	Email
External ID	Bounced Email Notification <input type="checkbox"/>
User Status	Non Registered User Category

Address Information	
Physical Street	
Physical City	
Physical State/Province	
Physical Zip/Postal Code	
Physical Country	

Additional Information	
Organization type	

Description Information	
CSAT Role	

Available Preparer Submitter

Save Save & New Cancel

