CASM Registration Screenshots – Access Request Page

CASM Nextgen Access Request

First Name: *

Last Name: *

Email Address: *

Home Organization: *

Organization to Access: * [Select Organization]

Type of Data to Access: * ☐ Agency Data ☐ COMM Asset Data ☐ COMU ☐ eSCIP

Reason for Request: *

Explain your need for access to the system.

(19 + 18) - 9 = ? *

Must be answered correctly to save request.

* Required Fields [SAVE] [RESET]

Paperwork Burden Disclosure Notice:

Public reporting burden for this data collection is estimated to take 0.08 hours per response for CASM Registration and 0.5 hours per response for CASM Modules. The burden estimate includes the time reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestion for reducing the burden to: Information Collections Management, DHS/CISA/ECD, Mail Stop 8540, 245 Murray Lane SW, Washington, DC 20528-8540, ATTN: PRA 1670-NEW. NOTE: DO NOT send your completed form to this address.

Privacy Notice:

Authority: Title II of the Homeland Security Act of 2002 (Public Law 107-296) and Presidential Policy Directive/PPD-21 Critical Infrastructure Security and Resilience authorizes the collection of this information.

Purpose: The purpose of this collection is to identify the types of stakeholders that participate in the NCCAD assessment; to determine how the NCCAD assessment supports stakeholders' mission; and to determine the extent to which the NCCAD assessment needs to be adjusted to meet stakeholders' needs.

Routine Uses: The information collected will be used by and disclosed to DHS personnel and contractors. Aggregate information may be shared with the FBI and the Technical Support Working Group (TSWG) of the Combatting Terrorism Technical Support Office (CTTSO).

Disclosure: Providing this information is voluntary, and all responses are kept anonymous. If you choose not to provide this information, your feedback will not be considered in future updates to the NCCAD assessment.

CASM Registration Screenshots – User Profile Page

User Profile

Instructions: Use this page to update a point of contact. **EITHER** the Last Name field **OR** Company/Organization Name field is required, but not both.

Last Name:
First Name:
Middle Initial:
Suffix:
Title:(eg: Capt., Lt., Sgt., etc.):
Company/Organization Name:
Department:
Job Title: (eg: Info Specialist, etc.):
Amateur Radio License Type: ○ Technician ○ General ○ Advanced ○ Extra ● None
Callsign:
Address:

Organization: * [Select Organization]

Email: *

24/7 Phone:
Office Phone:
Cell:
Fax:
Pager:

Other Positions Held:
Position

Add Other Position(s):
THSP
COMC
SWIC
Alt SWIC

Agency Affiliation: * [Select Agency]

* Required Fields   SAVE   RESET

POC for the Following... (1)

Column Visibility Search All:

Poc Type	Primary	For...	
ICTAP Staff	Yes	Office of Emergency Comms	✕
Poc Type	Primary	For...	

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