



## 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](mailto: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.

|                     |                                                                                             |                |                                        |
|---------------------|---------------------------------------------------------------------------------------------|----------------|----------------------------------------|
| <b>Form Number:</b> | ICE Form 73-028                                                                             |                |                                        |
| <b>Form Title:</b>  | ICE Mutual Agreement Between Government and Employers (IMAGE) Self-Assessment Questionnaire |                |                                        |
| <b>Component:</b>   | Immigration and Customs Enforcement (ICE)                                                   | <b>Office:</b> | Homeland Security Investigations (HSI) |

#### IF COVERED BY THE PAPERWORK REDUCTION ACT:

|                            |                                                               |                                          |                             |
|----------------------------|---------------------------------------------------------------|------------------------------------------|-----------------------------|
| <b>Collection Title:</b>   | ICE Mutual Agreement between Government and Employers (IMAGE) |                                          |                             |
| <b>OMB Control Number:</b> | 1653-0048                                                     | <b>OMB Expiration Date:</b>              | Click here to enter a date. |
| <b>Collection status:</b>  | Extension                                                     | <b>Date of last PTA (if applicable):</b> | <b>April 27, 2017</b>       |

#### PROJECT OR PROGRAM MANAGER

|                |                                 |               |                               |
|----------------|---------------------------------|---------------|-------------------------------|
| <b>Name:</b>   | John J. Morris                  |               |                               |
| <b>Office:</b> | HSI – Worksite Enforcement Unit | <b>Title:</b> | Special Agent-Program Manager |
| <b>Phone:</b>  | 202-732-5409                    | <b>Email:</b> | John.j.Morris@ice.dhs.gov     |

#### COMPONENT INFORMATION COLLECTION/FORMS CONTACT

|              |                 |
|--------------|-----------------|
| <b>Name:</b> | Scott A. Elmore |
|--------------|-----------------|



|         |                                         |        |                                         |
|---------|-----------------------------------------|--------|-----------------------------------------|
| Office: | Office of the Chief Information Officer | Title: | ICE Forms Manager/PRA Clearance Officer |
| Phone:  | 202-732-2601                            | Email: | scott.a.elmore@ice.dhs.gov              |

### SPECIFIC IC/Forms PTA QUESTIONS

#### 1. Purpose of the Information Collection or Form

- a. Describe the purpose of the information collection or form. *Please provide a general description of the project and its purpose, including how it supports the DHS mission, in a way a non-technical person could understand (you may use information from the Supporting Statement).*  
*If this is an updated PTA, please specifically describe what changes or upgrades are triggering the update to this PTA.*

This U.S. Immigration and Customs Enforcement Mutual Agreement between Government and Employers (IMAGE) forms PTA is being submitted for a three-year renewal. No personally identifiable information (PII) changes will be made to this form.

The U.S. Immigration and Customs Enforcement IMAGE is the outreach and education component of the Homeland Security Investigations (HSI) Worksite Enforcement (WSE) program. IMAGE is designed to build cooperative relationships with the private sector to enhance compliance with immigration laws and reduce the number of unauthorized aliens within the United States workforce. Under this program, ICE partners with employers representing a broad cross-section of industries. An employer initially completes the IMAGE Self-Assessment Questionnaire so that ICE can evaluate the employer for inclusion in the IMAGE program. After ICE performs its evaluation and determines that an employer is suitable to become an IMAGE participant, ICE enters into a formal written agreement with the employer, and the employer receives assistance from ICE in the area of immigration worksite enforcement. The formal written agreement does not contain any PII other than business contact information for the employer's point of contact. A paper copy of the agreement is stored in a locked cabinet and/or room, and an electronic copy is saved on a limited-access shared drive.

- b. List the DHS (or component) authorities to collect, store, and use this information. *If this information will be stored and used by a specific DHS component, list the component-specific authorities.*

8 U.S.C. § 1324



| 2. Describe the IC/Form                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Does this form collect any Personally Identifiable Information” (PII <sup>1</sup> )?          | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| b. From which type(s) of individuals does this form collect information? (Check all that apply.) | <input checked="" type="checkbox"/> Members of the public<br><input checked="" type="checkbox"/> U.S. citizens or lawful permanent residents<br><input type="checkbox"/> Non-U.S. Persons.<br><input type="checkbox"/> DHS Employees<br><input type="checkbox"/> DHS Contractors<br><input type="checkbox"/> Other federal employees or contractors.                                                                                                                                                                                                                                                                                                                         |
| c. Who will complete and submit this form? (Check all that apply.)                               | <input type="checkbox"/> The record subject of the form (e.g., the individual applicant).<br><input type="checkbox"/> Legal Representative (preparer, attorney, etc.).<br><input checked="" type="checkbox"/> Business entity.<br>If a business entity, is the only information collected business contact information?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Law enforcement.<br><input type="checkbox"/> DHS employee or contractor.<br><input type="checkbox"/> Other individual/entity/organization <b>that is NOT the record subject.</b> Please describe.<br><a href="#">Click here to enter text.</a> |
| d. How do individuals complete the form? Check all that apply.                                   | <input checked="" type="checkbox"/> Paper.<br><input checked="" type="checkbox"/> Electronic. (ex: fillable PDF)<br><input type="checkbox"/> Online web form. (available and submitted via the internet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

<sup>1</sup> 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.



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <i>Provide link:</i>                                                                                                                                                                                                                                                                                                                                                     |
| <p>e. What information will DHS collect on the form? <i>List all PII data elements on the form. If the form will collect information from more than one type of individual, please break down list of data elements collected by type of individual.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                          |
| <p>The form collects contact information of a POC for the business entity that is applying for the IMAGE program. This PII includes:</p> <ul style="list-style-type: none"> <li>• Name;</li> <li>• Job Title;</li> <li>• Address;</li> <li>• Telephone number;</li> <li>• Fax number; and</li> <li>• Email address.</li> </ul> <p>The form also collects information related to the employer, including Federal Employer Identification Number, Secretary of State Business ID Number, E-Verify Identification Number, SSNVS User ID Number, and number of employees. In addition, in Section D of the form, the employer is asked to provide numerous supporting documents as attachments to the form. However, the only PII in these documents is contact information for certain human resources personnel.</p> |                                                                                                                                                                                                                                                                                                                                                                          |
| <p>f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? <i>Check all that apply.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Social Security number<br><input type="checkbox"/> Alien Number (A-Number)<br><input type="checkbox"/> Tax Identification Number<br><input type="checkbox"/> Visa Number<br><input type="checkbox"/> Passport Number<br><input type="checkbox"/> Bank Account, Credit Card, or other financial account number<br><input type="checkbox"/> Other. <i>Please list:</i>                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> DHS Electronic Data Interchange Personal Identifier (EDIPI)<br><input type="checkbox"/> Social Media Handle/ID<br><input type="checkbox"/> Known Traveler Number<br><input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.)<br><input type="checkbox"/> Driver's License Number<br><input type="checkbox"/> Biometrics |
| <p>g. List the <b><i>specific authority</i></b> to collect SSN or these other SPII elements.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                          |



|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| N/A – It is not collected                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                      |
| h. How will this information be used? What is the purpose of the collection?<br>Describe <b>why</b> this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program. |                                                                                                                                                                                                                                                                                                                                                                                                      |
| N/A – It is not collected                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                      |
| 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. The collection is done with a questionnaire filled out by the employer, so the employer is aware of the collection. In addition, the form includes a Privacy Act Statement that explains why the information is being collected, how it may be shared, and whether providing the information is mandatory or voluntary.<br><br><input type="checkbox"/> No. |

| 3. How will DHS store the IC/form responses?            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. How will DHS store the original, completed IC/forms? | <input checked="" type="checkbox"/> Paper. Please describe.<br>Paper copies of the form may be stored at ICE Headquarters and/or a field office in a locked cabinet and/or room. Access is limited to a subset of Homeland Security Investigations (HSI) personnel with a need to know this information as part of their official responsibilities.<br><br><input checked="" type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form.<br>The form may also be received as an Adobe pdf by email already filled out by the employer. If so, it is saved on the ICE Critical Infrastructure Shared Drive at Headquarters. Access is restricted to HQ Worksite Enforcement Unit personnel. |



|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                             | <input type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository.<br>N/A                                                                                                                                                                                                                                 |
| b. If electronic, how does DHS input the responses into the IT system?                                                                                                                                                      | <input checked="" type="checkbox"/> Manually (data elements manually entered). Please describe.<br>The form may be received as an Adobe pdf by email already filled out by the employer.<br><input type="checkbox"/> Automatically. Please describe.<br>N/A -it is not done automatically                                                                                             |
| c. How would a user search the information submitted on the forms, <i>i.e.</i> , how is the information retrieved?                                                                                                          | <input type="checkbox"/> By a unique identifier. <sup>2</sup> <i>Please describe.</i> If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA.<br>N/A -It is not retrieved that way<br><input checked="" type="checkbox"/> By a non-personal identifier. <i>Please describe.</i><br>The form is retrieved by the name of the employer |
| d. What is the records retention schedule(s)? <i>Include the records schedule number.</i>                                                                                                                                   | There is no current approved record retention schedule.                                                                                                                                                                                                                                                                                                                               |
| e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?                                                                                                                     | The records are being maintained permanently until a record retention schedule is established.                                                                                                                                                                                                                                                                                        |
| 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> |                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> Yes, information is shared with other DHS components or offices. Please describe.                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                       |

<sup>2</sup> 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.



Click here to enter text.

Yes, information is shared *external* to DHS with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe.

Click here to enter text.

No. Information on this form is not shared outside of the collecting office.



**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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Kevin Mullinix</b>                                                                                                                                                                      |
| Date submitted to component Privacy Office:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>February 10, 2020</b>                                                                                                                                                                   |
| Date submitted to DHS Privacy Office:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | February 24, 2020                                                                                                                                                                          |
| 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.<br><input type="checkbox"/> No. Please describe why not.<br><a href="#">Click here to enter text.</a> |
| <b>Component Privacy Office Recommendation:</b><br><i>Please include recommendation below, including what existing privacy compliance documentation is available or new privacy compliance documentation is needed.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                            |
| <p>The ICE Office of Information Governance and Privacy recommends approval of the three-year renewal of ICE Form 73-028, ICE Mutual Agreement Between Government and Employers (IMAGE) Self-Assessment Questionnaire. The form is covered by the following Privacy Impact Assessment (PIA): DHS/ALL/PIA-006 DHS General Contact Lists. Because this form is not retrieved by personal identifier, SORN coverage is not required. Nevertheless, the information on this form may be used as necessary and is authorized by the routine uses published in the DHS/ALL-002 Mailing and Other Lists Systems of Records (73 FR 71659, November 25, 2008).</p> |                                                                                                                                                                                            |



## PRIVACY THRESHOLD ADJUDICATION

**(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)**

|                                      |                           |
|--------------------------------------|---------------------------|
| DHS Privacy Office Reviewer:         | <b>Hannah Burgess</b>     |
| PCTS Workflow Number:                | Click here to enter text. |
| Date approved by DHS Privacy Office: | March 6, 2020             |
| PTA Expiration Date                  | March 6, 2023             |

### DESIGNATION

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



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>If covered by existing PIA, please list: DHS/ALL/PIA-006 DHS General Contacts List</p> <p>If a PIA update is required, please list: <a href="#">Click here to enter text.</a></p>                          |
| SORN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Choose an item.</p> <p>If covered by existing SORN, please list: <a href="#">Click here to enter text.</a></p> <p>If a SORN update is required, please list: <a href="#">Click here to enter text.</a></p> |
| <p>DHS Privacy Office Comments:</p> <p><i>Please describe rationale for privacy compliance determination above.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                               |
| <p>ICE is submitting this PTA to discuss ICE Form 73-028, ICE Mutual Agreement Between Government and Employers (IMAGE) Self-Assessment Questionnaire, which is used by employers who are partnering with ICE so that ICE can evaluate the employer for inclusion in the IMAGE program. After ICE performs its evaluation and determines that an employer is suitable to become an IMAGE participant, ICE enters into a formal written agreement with the employer, and the employer receives assistance from ICE in the area of immigration worksite enforcement.</p> <p>The formal written agreement does not contain any PII other than business contact information for the employer’s point of contact. A paper copy of the agreement is stored in a locked cabinet and/or room, and an electronic copy is saved on a limited-access shared drive.</p> <p>PRIV finds that is a privacy sensitive system and a PIA is required because IMAGE Self-Assessment Questionnaire collects PII from members of the public. PRIV agrees with ICE Privacy that DHS/ALL/PIA-006 DHS General Contact Lists provides coverage.</p> <p>A privacy act statement was submitted and approved along with this PTA.</p> <p><b>PRIV strongly recommends that ICE establish a records retention schedule for this form.</b></p> |                                                                                                                                                                                                               |