



## 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.

Form Number:	N/A		
Form Title:	N/A		
Component:	U.S. Coast Guard (USCG)	Office:	Office of Bridge Programs (CG-BRG)

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

Collection Title:	Drawbridge Operations		
OMB Control Number:	1625-0109	OMB Expiration Date:	February 28, 2018
Collection status:	Extension	Date of last PTA (if applicable):	N/A

#### **PROJECT OR PROGRAM MANAGER**

Name:	Josef (Chris) Jaufmann		
Office:	CG-BRG-1	Title:	Project Manager
Phone:	202-372-1512	Email:	Josef.C.Jaufmann@uscg.mil

#### **COMPONENT INFORMATION COLLECTION/FORMS CONTACT**

Name:	Anthony Smith		
Office:	CG-612	Title:	PRA Coordinator
Phone:	202-475-3532	Email:	Anthony.D.Smith@uscg.mil



## SPECIFIC IC/Forms PTA QUESTIONS

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

Under the provision of 33 U.S.C. 499, the Secretary of Homeland Security is mandated to prescribe rules and regulations for governing the closures of drawbridges to navigation. To change any regulation, 5 U.S.C. 553 requires rule making to be published in the Federal Register and that the notice shall include a statement of time, place, and nature of public rule making proceedings.

There are no forms associated with this collection. The information contains no PII.

The information needed for the change to the rule can only be obtained from the bridge owners.

The information collection requirements are contained in 33CFR 117.8, 117.35, 117.39, 117.40, 117.41 and 117.42

### 2. Describe the IC/Form

a. Does this form collect any Personally Identifiable Information” (PII <sup>1</sup> )?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. From which type(s) of individuals does this form collect information? (Check all that apply.)	<input type="checkbox"/> Members of the public <input type="checkbox"/> U.S. citizens or lawful permanent residents <input type="checkbox"/> Non-U.S. Persons. <input type="checkbox"/> DHS Employees <input type="checkbox"/> DHS Contractors <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). <input type="checkbox"/> Legal Representative (preparer, attorney, etc.). <input type="checkbox"/> Business entity.

<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.



	<p>If a business entity, is the only information collected business contact information?</p> <p><input 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 <b>that is NOT the record subject.</b> <i>Please describe.</i>      There is no form associated with this collection.</p>
<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<p><input type="checkbox"/> Paper.  <input type="checkbox"/> Electronic. (ex: fillable PDF)  <input type="checkbox"/> Online web form. (available and submitted via the internet)  <i>Provide link: N/A</i></p>
<p>e. What information will DHS collect on the form?</p>	
<p>N/A</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>	
<p><input type="checkbox"/> Social Security number  <input type="checkbox"/> Alien Number (A-Number)  <input type="checkbox"/> Tax Identification Number  <input type="checkbox"/> Visa Number  <input type="checkbox"/> Passport Number  <input type="checkbox"/> Bank Account, Credit Card, or other financial account number  <input type="checkbox"/> Other. <i>Please list: N/A</i></p>	<p><input type="checkbox"/> DHS Electronic Data Interchange Personal Identifier (EDIPI)  <input type="checkbox"/> Social Media Handle/ID  <input type="checkbox"/> Known Traveler Number  <input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.)  <input type="checkbox"/> Driver's License Number  <input type="checkbox"/> Biometrics</p>
<p>g. List the <b>specific authority</b> 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 <b>why</b> this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program.</p>	



N/A	
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 type="checkbox"/> Yes. Please describe how notice is provided. <a href="#">Click here to enter text.</a> <input checked="" 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. <a href="#">Click here to enter text.</a> <input type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. <a href="#">Click here to enter text.</a> <input type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. N/A
b. If electronic, how does DHS input the responses into the IT system?	<input type="checkbox"/> Manually (data elements manually entered). Please describe. <a href="#">Click here to enter text.</a> <input type="checkbox"/> Automatically. Please describe. N/A
c. How would a user search the information submitted on the forms, <i>i.e.</i> , how is the	<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. <a href="#">Click here to enter text.</a> <input type="checkbox"/> By a non-personal identifier. <i>Please describe.</i> N/A

<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.



information retrieved?	
d. What is the records retention schedule(s)? <i>Include the records schedule number.</i>	N/A
e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?	N/A
f. Is any of this information shared outside of the original program/office?	
<input type="checkbox"/> Yes, information is shared with other DHS components or offices. Please describe. <a href="#">Click here to enter text.</a>	
<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. <a href="#">Click here to enter text.</a>	
<input checked="" type="checkbox"/> 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:	Robert Herrick
Date submitted to component Privacy Office:	October 3, 2017
Date submitted to DHS Privacy Office:	October 5, 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 type="checkbox"/> Yes. Please include it with this PTA submission. <input checked="" type="checkbox"/> No. Please describe why not. There is no form associated with this collection.
Component Privacy Office Recommendation:	
Drawbridge Operations is not a privacy sensitive collection.	



## PRIVACY THRESHOLD ADJUDICATION

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

DHS Privacy Office Reviewer:	<b>Riley Dean</b>
PCTS Workflow Number:	<b>1151362</b>
Date approved by DHS Privacy Office:	October 6, 2017
PTA Expiration Date	October 6, 2020

### DESIGNATION

Privacy Sensitive IC or Form:	<b>No</b> If "no" PTA adjudication is complete.
Determination:	<input checked="" 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 type="checkbox"/> Privacy Impact Assessment (PIA) required. <input 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:	Choose an item. Click here to enter text.
PIA:	Choose an item. If covered by existing PIA, please list: Click here to enter text.





	If a PIA update is required, please list: <a href="#">Click here to enter text.</a>
SORN:	Choose an item. If covered by existing SORN, please list: <a href="#">Click here to enter text.</a> If a SORN update is required, please list: <a href="#">Click here to enter text.</a>
DHS Privacy Office Comments: <i>Please describe rationale for privacy compliance determination above.</i>	
<p><b>USCG is submitting this PTA to discuss the Drawbridge Operations information collection, which is associated with OMB Control Number 1625-0109. To change any regulation regarding drawbridges, a rulemaking is required to be published in the Federal Register. The information needed for the change to the rulemaking can only be obtained from the bridge owners. This information is provided to USCG in a written format requesting to alter the operating schedule for a particular bridge or bridges. This information is used by USCG to: determine if the request to change the operating schedule for the drawbridge is necessary, coordinate the change in operation with the bridge owner and waterway users, and notify the public and navigational community of the change to the operating schedule.</b></p> <p><b>There are no forms associated with this collection and no PII is required to be collected.</b></p> <p><b>The DHS Privacy Office agrees that this information collection is non privacy-sensitive.</b></p>	