## CFATS Helpdesk Form

For inclusion within ICR 1670-0007



## **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 0.1167 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.

## **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.

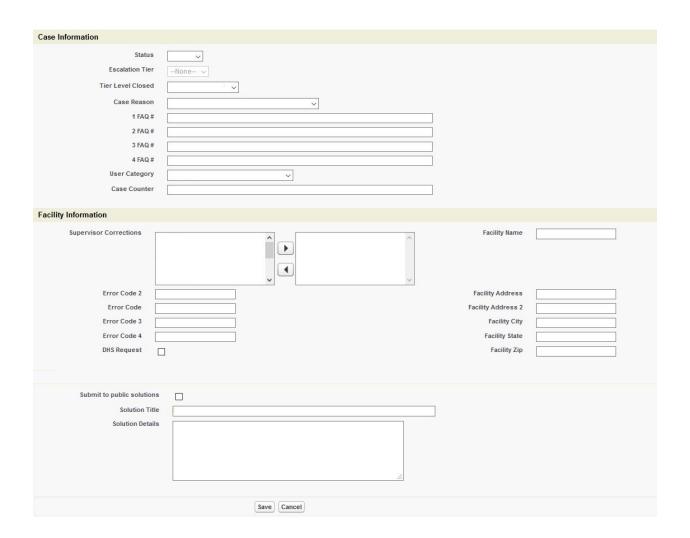
## **CFATS Helpdesk Form**

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.

Submittal Form	
Facility Name	
First Name	
Last Name	
Phone Number	
Facility Address (Street)	
Facility Address (City, State, Zip)	
Email Address	
Re-enter Email Address for Confirmation	
Registered CSAT User?	○ Yes ○ No
CSAT Username (if applicable)	
Facility ID (if applicable)	
Facility Survey ID (if applicable)	
User Registration Number (if applicable)	
Brief Description of Question or Issue	



Case Information				
Case Owner				
Contact Name				
Account Name				
1 FAQ #				
2 FAQ #				
3 FAQ #				
4 FAQ #				
Additional Information				
Status	$\overline{}$	Type		
Escalation Tier		Case Reason		
Tier Level Closed	None V	Case Counter		
Case Origin				
Priority				
Description Information				
Subject				
Subject Reasoning	None 🗸 i			
Potential Incorrect Facility				
DHS Request				
CVI Shared				
Description				
Internal Comm	ients			
	ail ail			
Accuracy				
Supervisor Correc	tions			
	^			
	<u> </u>			
Optional				
Assign using active assignment rules				
	Save Save & Close Save & New Cancel			

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	
User Status		Non Registered User Category	
Address Information			
Physical Street	af		
Physical City			
Physical State/Province			
Physical Zip/Postal Code			
Physical Country			
Additional Information			
Organization type			
Description Information			
CSAT Role	Available Preparer Submitter	^ ~	
	Save & New	Cancel	