I. Contact Us

U.S. Department of Homeland Security (DHS)
Cybersecurity and Infrastructure Security Agency (CISA)
Infrastructure Security Division
Office of Chemical Security
chemical.security@cisa.dhs.gov

*Your name:	[Open field]
*Your email address:	[Open field]
*Your message:	[Open field]
-	

[CAPTCHA Verification]

II. Registration Information

*Registration Type:	[Dropdown selection]
Dave and Information	
Personal Information	
*First name:	[Open field]
*Last name:	[Open field]
*Email Address:	[Open field]
Job Title:	[Open field]
*Company:	[Open field]
Company Website:	[Open field]
*Company Country	[Dropdown Selection]
*Company Zip/Postal Code:	[Open field]
*First time attending this event?	
□ Yes □ No	
How did you hear of this [program/event]?	[Open field]
*Pursuant to the Americans with Disabilition services?	es Act, do you require any specific aids o
☐ Yes ☐ No If yes, may we contact you directly accommodations have been made?	

☐ Yes ☐ No
*Please select the category to which your organization belongs:
Note: if you represent a Non-Governmental Organization or Non-Profit Organization, please select 'Other' and specify either NGO or NPO in the text field.
□ Public Sector
□ Private Sector
□ International
Other [Open field]
If Public Sector:
□Federal
□ State
□ Local
□ Other [Open field]
If Private Sector:
Please select the option that best describes your organization's type:
□ Academia
☐ Chemical End-user
☐ Chemical Manufacturing and Processing
☐ Chemical Storage, Stockpile, and Distribution
☐ Chemical Transport
☐ Industry Organization
☐ Non-Governmental Organization
☐ Non-Profit Organization
☐ Trade Organization
Other [Open field]

Please select the option that best describes your organization's size:
☐ 1-49 employees
□ 50-99 employees
□ 100-499 employees
□ 500+ employees
To which Trade Organizations, if any, does your organization belong?
[Open field]

Paperwork Reduction Act

The public reporting burden to complete this information collection is estimated at 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHS/CISA/ISD/Chemical Security, chemical.security@cisa.dhs.gov, ATTN PRA OMB Control Number 1670-0019, expiration date August 31, 2026.

Privacy Act Statement

Authority: 5U.S.C.§301 and 44 U.S.C.§3101 authorize the collection of this information

Purpose: DHS will use this information to register individuals for chemical security events including the Chemical Security Summit, and to facilitate stakeholder outreach activities, including activities related to the ChemLock voluntary program

Routine Use: The information will be used by and disclosed to DHS personnel and contractors or other agents who need this information to assist in activities relating to registering or contacting individuals regarding chemical security event registration. This information may be disclosed as generally permitted under 5U.S.C.§552a(b) of the Privacy Act of 1974, as amended. This includes using the information, as necessary and authorized by the routine uses published in DHS/ALL-002 Department of Homeland Security (DHS) Mailing and Other Lists System (November 25, 2008 73 FR 71659).

Disclosure: Furnishing this information is voluntary; however failure to provide any of the information requested may prevent or delay the Department from fulfilling your request.

NEXT

[All entered information displayed]

Please confirm that all provided information is correct. Select 'Back' to make corrections, or 'Submit' to complete the registration process.

BACK

SUBMIT