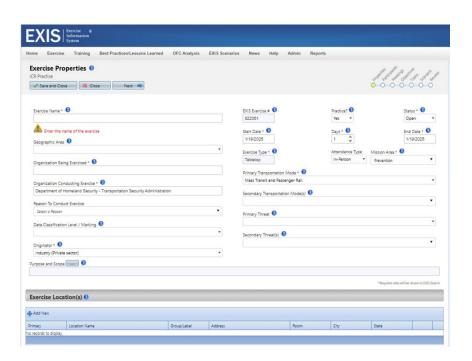
EXIS

Screenshots

Online Exercises & Survey



EXERCISE PROPERTIES





Register for Your EXIS Account

Twork for a Government Agency: State St	First Name	Last Name
Vour Employer	Country	Preferred Transportation Sector
Twork for a Government Agency: I work for Physics Industry: Tansportation Owner or Operator: Tansportation Owner	Limited States	•
O Facelinal O State O State O Local O Law Enforcement Vour Professional Information State City City City City Confirm Work Email Confirm	Your Employer	
O State		
© Local © Law Enforcement © Consultant © Consultant © Consultant © Consultant Congressional Information Congressional Information		
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Vour Professional Information Job Title City Zip Code Work Phone Entension #1 Work Email Confern Work Email Confern Work Email Choose a Username Choose a Username Confirm your Password Confirm your Password Enter your Response to Question #1		
Coty	U Law torcornent	G Other - Specify
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Work Phone Extension Mobile Phone (optional) +1 Work Email Confirm Work Email Confirm Work Email Attenuate Email (optional) Fleason for Needing an EXS Account Four Login Choose a Username Create a Password Confirm your Password Choose Socurity Question ₹1 Briter your Response to Question ₹1	Job Title	State
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Alternate Email (optional) Reason for Needing an BOS Account Vour Login Choose a Username Create a Password Confirm your Password Choose Security Question #1 Briter your Response to Question #1	+1	+1
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Create a Password Confirm your Password Choose Security Question #1 Briter your Response to Question #1	A CONTRACTOR OF STREET	
Confirm your Password Choose Security Question #1 Briter your Response to Question #1	Choose a Usemame	
Confirm your Psetavord Choose Security Question #1 Britar your Response to Question #1	Create a Password	
Choose Security Question #1 Britaryour Response to Question #1		
	Confirm your Password	
	Choose Security Question #1	
Choose Security Question #2 Enter your Response to Question #2	Chance Security Duration #7	

EXIS REGISTRATION

Participant Feedback Form
ICR Practice
Monday, October 21, 2024

ply Agree

/ Disagree ply Disagree

/ Agree

ly Disagree

ply Disagree

ply Agree y Agree

ercise scenario was plausible and realistic.

pation in the exercise was appropriate for someone in my position.

pants included the right people in terms of level and mix of disciplines

ercise afforded me the opportunity to network with federal, state, local, t stakeholders with whom I did not previously have established relationship

ercise was relevant to the risks facing my organization.

zercise was valuable to myself and/or my organization.

Strongly Agree	
Mostly Agree	
○Agree	
Mostly Disagree	
O Strongly Disagree	
10. Of what you learn your organization?	ned today, what changes or improvements would you like to implement within
11. How do you thin	k the exercise results will assist you in your risk-reduction efforts?
12. Please comment	on any ways future exercises could be improved.
13. Please enter addi	itional comments or feedback.
14. Name (Optional):	
15. I would like more	information about the I-STEP program. My Email Address is:
	School

PARTICIPANT FEEDBACK FORM

Privacy Act Statement:

AUTHORITY: 49 USC § 114(f)(15); 6 USC §§ 1136(a), 1167, and 1183.

PRINCIPAL PURPOSE(S): This information will be used to grant individuals access to EXIS. ROUTINE USE(S): This information may be shared in accordance with the Privacy Act of 1974, 5 USC § 552(a), for routine uses identified in the DHS system of records, DHS/ALL-004 General Information Technology Access Account Records System and DHS/ALL 002 DHS Mailing and Other Lists System, or as further described in the Privacy Impact Assessment, DHS/ALL/PIA-006 DHS General Contact Lists and subsequent updates, available at www.dhs.gov/privacy. DISCLOSURE: Furnishing this information is voluntary; however, failure to provide the requested information will prevent TSA from being able to grant an individual's access request to EXIS.

PRIVACY ACT STATEMENT

PAPERWORK REDUCTION ACT BURDEN

▶This collection of information is voluntary pursuant to Implementing Recommendations of the 9/11 Commission Act of 2007. It is estimated that the time to design and conduct an exercise is approximately 3.5 hours and the time to complete the survey is 0.25 hours. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number assigned to this collection is 1652-0057, which expires 03/31/2025. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to TSA PRA Officer, 6595 Springfield Center Drive, Springfield, VA 20598-6011. ATTN: PRA 1652-0057.