



## 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>	<b>11000-39</b>		
<b>Form Title:</b>	<b>CISA Visitor Request Form</b>		
<b>Component:</b>	Cybersecurity and Infrastructure Security Agency (CISA)	<b>Office:</b>	<b>Office of the Chief Compliance and Security Officer</b>

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

<b>Collection Title:</b>	<b>CISA Visitor Request Form</b>		
<b>OMB Control Number:</b>	1670-0036	<b>OMB Expiration Date:</b>	August 31, 2025
<b>Collection status:</b>	Extension	<b>Date of last PTA (if applicable):</b>	<b>December 4, 2020</b>

#### PROJECT OR PROGRAM MANAGER

<b>Name:</b>	Michael Washington		
<b>Office:</b>	Office of the Chief Compliance and Security Officer	<b>Title:</b>	Security Specialist
<b>Phone:</b>	202-941-1689	<b>Email:</b>	Michael.washington@cisa.dhs.gov



## COMPONENT INFORMATION COLLECTION/FORMS CONTACT

Name:	Benjamin Thomsen		
Office:	Office of the Chief Information Officer (OCIO)	Title:	IT Cybersecurity Program Manager
Phone:	202-254-7179	Email:	benjamin.thomsen@cisa.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.*

**The Cybersecurity and Infrastructure Security Agency (CISA) Office of Privacy, Access, Civil Liberties and Transparency (PACT) is submitting the following CISA Visitor Request Form PTA for renewal. Information Public Law 107-296 and The Homeland Security Act of 2002, Title II, recognizes the Department of Homeland Security’s (DHS) role in integrating relevant critical infrastructure and cybersecurity information, analyses, and vulnerability assessments (whether such information, analyses, or assessments are provided or produced by the Department or others) in order to identify priorities for protective and support measures by the Department, other agencies of the Federal Government, State and local government agencies and authorities, the private sector, and other entities while maintaining positive control of sensitive information regarding the national infrastructure. In support of this mission the CISA Office of the Chief Compliance and Security Officer (OCSO) must maintain a robust visitor screening capability.**

**The purpose of this form is to allow security officers to conduct a risk-based pre-screening of visitors to CISA facilities in accordance with DHS and GSA requirements to pre-screen and register visitors. The risk-based screening of visitors to CISA facilities process ensures that all non-DHS visitors are prescreen by completing the *Cybersecurity and Infrastructure Security Agency Visitor Request Form - 11000-39*. The form is completed by CISA employees or contractors (CISA Sponsor) on behalf of non-DHS guests visiting CISA facilities. For example, a potential visitor requiring access to a CISA facility is requested to provide their full**



**name and agency/company; if attending a classified meeting the individual must also provide the last four of their SSN to the CISA Sponsor who will complete and submit the 11000-39 form. After completion, the 11000-39 form is submitted to the CISA Security Office by password-protected email to be reviewed by a Facility Security Representative and then sent to the DHS HQ Visitors (DHSVisitor@hq.dhs.gov) for a National Crime Information Center (NCIC) check via a secured email. The NCIC is a nationwide information system established by the Federal Bureau of Investigation as a service to agencies. A computerized index of information on crime and criminals of nationwide interest. DHS HQ verifies the information then sends the form to CISA to attest that the check was completed. Lastly, an email is sent to the sponsor verifying the check was completed, and it the visitor is cleared to enter the CISA facility.**

**The form is available via the internal CISA website or by requesting a copy of the form from OCSO. OCSO only use electronic submission via password-protected email through an electronic fillable pdf form. This decision allows for the efficient collection of information about visits, and it reduces potential security risks.**

**The form has not undergone any substantive change since the previous PTA in 2020. The only update to document is a new information collection/forms contact.**

- 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.*

**5 U.S.C. 301; the Homeland Security Act, codified in Title 6 of the U.S. Code; 44 U.S.C. 3101; and Executive Order (EO) 9397; EO 12968; and Federal Property Regulations, issued July 2002, authorize the collection of this information. DHS 121-01-011-01 and 41 CFR parts 102-74 require that visitors to are pre-screened and registered.**

## 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 |
|---|--|

<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>b. From which type(s) of individuals does this form collect information? <i>(Check all that apply.)</i></p>	<p><input checked="" type="checkbox"/> Members of the public</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> U.S. citizens or lawful permanent residents</li> <li><input checked="" type="checkbox"/> Non-U.S. Persons</li> </ul> <p><input checked="" type="checkbox"/> DHS Employees/Contractors (list Components)</p> <ul style="list-style-type: none"> <li>• CISA</li> <li>• Any non-CISA DHS component employee/contractor visiting a CISA facility</li> </ul> <p><input checked="" type="checkbox"/> Other federal employees or contractors</p>
<p>c. Who will complete and submit this form? <i>(Check all that apply.)</i></p>	<p><input type="checkbox"/> The record subject of the form (e.g., the individual applicant).</p> <p><input type="checkbox"/> Legal Representative (preparer, attorney, etc.).</p> <p><input type="checkbox"/> Business entity.</p> <p style="padding-left: 40px;">If a business entity, is the only information collected business contact information?</p> <p style="padding-left: 80px;"><input type="checkbox"/> Yes</p> <p style="padding-left: 80px;"><input type="checkbox"/> No</p> <p><input type="checkbox"/> Law enforcement.</p> <p><input checked="" type="checkbox"/> DHS employee/contractor.</p> <p><input type="checkbox"/> Other individual/entity/organization <b>that is NOT the record subject.</b> <i>Please describe.</i> Click here to enter text.</p>
<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<p><input type="checkbox"/> Paper.</p> <p><input checked="" type="checkbox"/> Electronic. (ex: fillable PDF)</p> <p><input type="checkbox"/> Online web form. (available and submitted via the internet) <i>Provide link:</i></p>



e. What information will DHS collect on the form? *List all individual 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.*

**Name and phone number of CISA POC (requestor/sponsor);  
Name and phone number of Escort (if different from requestor/sponsor);  
Visitor Full name, organization/company, and in some cases the last four digits of visitors' Social Security number (For Classified Meetings only).**

f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? *Check all that apply.*

<input checked="" type="checkbox"/> Social Security number	<input type="checkbox"/> DHS Electronic Data Interchange
<input type="checkbox"/> Alien Number (A-Number)	Personal Identifier (EDIPI)
<input type="checkbox"/> Tax Identification Number	<input type="checkbox"/> Social Media Handle/ID
<input type="checkbox"/> Visa Number	<input type="checkbox"/> Known Traveler Number
<input type="checkbox"/> Passport Number	<input type="checkbox"/> Trusted Traveler Number (Global
<input type="checkbox"/> Bank Account, Credit Card, or other financial account number	Entry, Pre-Check, etc.)
<input type="checkbox"/> Other. <i>Please list:</i>	<input type="checkbox"/> Driver's License Number
	<input type="checkbox"/> Biometrics

g. List the **specific authority** to collect SSN or these other SPII elements.

**Executive Order (EO) 9397 authorizes the collection of this information.**

h. How will the SSN and SPII information be used? What is the purpose of the collection?

**Security Officers use this information to positively identify an individual and make a risk-based decision to allow entry to an CISA facility. The last four digits of an individual's SSN is only collected for classified visits, are used to make positive identification of an individual in order to verify his or her security clearance(s).**

i. Is SSN necessary to carry out the functions of this form and/or fulfill requirements of the information collection? *Note: even if you are properly authorized to collect SSNs, you are required to use an alternative identifier. If*



there are technological, legal, or regulatory limitations to eliminating the SSN, privacy-enhancing alternatives should be taken, such as truncating the SSN.

**The truncated SSN needs to be collected in applicable cases to make positive identification of an individual in order to verify security clearance.**

<p>j. 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>)?</p>	<p><input checked="" type="checkbox"/> Yes. Please describe how notice is provided. <b>There is a Privacy Act Notice included on the form providing notice to the CISA POC.</b></p> <p><input type="checkbox"/> No.</p>
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### 3. How will DHS store the IC/form responses?

<p>a. How will DHS store the original, completed IC/forms?</p>	<p><input checked="" type="checkbox"/> Paper. Please describe. <b>Forms are printed and stored for thirty days and are then destroyed.</b></p> <p><input checked="" type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. <b>Name, Organization, Date of Visit and CISA POC (Requestor/sponsor) Name and Phone number are stored in a spreadsheet, located on an SPII approved SharePoint site with limited access, for 3 years (SSN is not recorded)</b></p> <p><input type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. <a href="#">Click here to enter text.</a></p>
<p>b. If electronic, how does DHS input the responses into the IT system?</p>	<p><input checked="" type="checkbox"/> Manually (data elements manually entered). Please describe. <b>Data is manually added to the excel spreadsheet, SSN is not recorded.</b></p> <p><input type="checkbox"/> Automatically. Please describe.</p>



	Click here to enter text.
c. How would a user search the information submitted on the forms, <i>i.e.</i> , how is the information retrieved?	<input checked="" 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. <b>Users may search using name (Potential visitor, escort, or sponsor), or date of visit.</b> <input type="checkbox"/> By a non-personal identifier. <i>Please describe.</i> Click here to enter text.
d. What is the records retention schedule(s)? <i>Include the records schedule number.</i>	These records are managed as Visitor Control Files under General Records Schedule (GRS) 18, 1960, item 18.
e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?	As Visitor Control Files under GRS 18, the visitor logs will be retained until such time as they are destroyed: <ul style="list-style-type: none"> <li>• 5 years after final entry or date of document for areas under maximum security; or</li> <li>• 2 years after final entry or date of document for other areas.</li> </ul>
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. Click here to enter text.	
<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. Click here to enter text.	
<input checked="" type="checkbox"/> No. Information on this form is not shared outside of the collecting office.	

<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.



**Homeland  
Security**

Privacy Office  
U.S. Department of Homeland Security  
Washington, DC 20528  
202-343-1717, [pia@hq.dhs.gov](mailto:pia@hq.dhs.gov)  
[www.dhs.gov/privacy](http://www.dhs.gov/privacy)



**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>Jacob Curry/Cheryl Dyson-Bennett</b>
Date submitted to Component Privacy Office:	<b>November 20, 2023</b>
Concurrence from other Components involved (if applicable):	Click here to enter text.
Date submitted to DHS Privacy Office:	November 27, 2023
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. <input type="checkbox"/> No. Please describe why not. Click here to enter text.
<b>Component Privacy Office Recommendation:</b> <i>Please include recommendation below, including what existing privacy compliance documentation is available or new privacy compliance documentation is needed.</i>	
<p><b>This PTA is being submitting to renew compliance for the CISA Visitor Request Form. No substantive changes have been made to the form since the previous PTA. The CISA Office of Privacy, Access, Civil Liberties and Transparency (PACT) therefore considers this to still be a privacy sensitive system requiring both PIA and SORN coverage.</b></p> <p><b>PACT recommends that PIA coverage be provided by DHS/ALL/PIA – 038 – Integrated Security Management System (ISMS) and SORN coverage be provided by DHS/ALL-024 Facility and Perimeter Access Control Management System of Records.</b></p>	



## PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	<b>Brian Pochatila</b>
PCTS Workflow Number:	<b>0015905</b>
Date approved by DHS Privacy Office:	June 10, 2024
PTA Expiration Date	June 10, 2027
DHS Privacy Office Approver (if applicable):	<b>Riley Dean</b>

## DESIGNATION

Privacy Sensitive IC or Form:	<b>Yes If “no” PTA adjudication is complete.</b>
Determination:	<input 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 checked="" type="checkbox"/> Privacy Act Statement required. <input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required. <input checked="" type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Specialized training required. <input type="checkbox"/> Other. Click here to enter text.
Privacy Act Statement:	<b>e(3) statement currently accurate.</b> PAS submitted and approved.
System PTA:	Choose an item. Click here to enter text.
PIA:	<b>System covered by existing PIA</b> If covered by existing PIA, please list: DHS/ALL/PIA-038 Integrated Security Management System (ISMS); DHS/ALL/PIA-039 Physical Access Control System (PACS) If a PIA update is required, please list: Click here to enter text.
SORN:	<b>System covered by existing SORN</b>



If covered by existing SORN, please list: DHS/ALL-024 Department of Homeland Security Facility and Perimeter Access Control and Visitor Management, February 3, 2010, 75 FR 5609  
If a SORN update is required, please list: [Click here to enter text.](#)

DHS Privacy Office Comments:

*Please describe rationale for privacy compliance determination above.*

CISA is submitting this PTA renewal for the CISA Visitor Request Form, which allow security officers to conduct a risk-based pre-screening of visitors to CISA facilities in accordance with DHS and GSA requirements to pre-screen and register visitors. There have been no changes to the form since the previous PTA adjudication.

The form collects name and phone number of requestor; name and phone number of point of contact (if different from requestor); name and phone number of escort (if different from requestor); visitor name, organization, and in some cases the last four digits of visitors' Social Security number (For Classified Meetings only).

The DHS Privacy Office (PRIV) finds that this form is privacy-sensitive, requiring PIA and SORN coverage. PIA coverage is provided DHS/ALL/PIA-039 Physical Access Control System (PACS), which covers the use of the range of functions related to managing physical access by individuals to DHS facilities. Additionally, DHS/ALL/PIA-038 Integrated Security Management System (ISMS) is a DHS-wide web-based case management application designed to support the lifecycle of the DHS personnel security, administrative security, and classified visit management programs, which covers classified meeting requests.

SORN coverage is provided by DHS/ALL-024 Facility and Perimeter Access Control and Visitor Management, which covers the collection of records related to the Department's facility and perimeter access control, including access to DHS information technology and access to classified facilities, as well as visitor security and management.