OMB Control # 1670-NEW
Expiration Date: mm/dd/yyyy

Explosive Blast Modeling Request Form
CISA - Office for Bombing Prevention

To request an Explosive Blast Modeling Assessment at a specific site, fill out the information below and press submit. After submitting you should receive an auto-response from the Blast Modeling Team and they will follow up with you for more information.

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* This form will record your name, please fill your name.

1. Agency and/or Unit: *

(PSA, Your Company Name, etc.)

2. Telephone: *

3. Email: *

4. Please select the partner-type that best describes you or your organization: *

- ◯ Federal
- ◯ State/Local
- ◯ Commercial
- ◯ Other

5. Please select the function type that best describes your role in the organization: *

- ◯ Emergency Management
- ◯ Grants
- ◯ Homeland Security
- ◯ Public Safety
- ◯ Research/Development/Testing/Evaluation
- ◯ Critical Infrastructure Owner/Operator
- ◯ Other

6. Location to have analysis performed (common name of building, facility, such as Empire State Building, etc.): *

7. Physical address of location of modeling request: *

8. What company or agency is the owner/operator of the facility? *

9. Is access to the facility specifications possible, such as building materials used, structural documents, etc.? *

- ◯ Yes
- ◯ No
- ◯ Maybe

10. Date analysis needed by (your request will be added into the queue and will be given priority if needed): *

11. Is this request to support a National Special Security Event (NSSE) or Special Event Security Rating (SEAR) event? *

- ◯ NSSE
- ◯ SEAR I
- ◯ SEAR II
- ◯ SEAR III
- ◯ SEAR IV

12. If NSSE or SEAR, please list the event this request is to support: *

13. Choose all of the following that apply to this facility or assessment request from the choices below *

- [ ] Soft-targets/Crowded Spaces
- [ ] Critical Infrastructure
- [ ] Vehicle Borne IED
- [ ] Person Borne IED
- [ ] Water Borne IED
- [ ] Placed
- [ ] UAS/sUAS

14. Choose which CI Sector this request supports *

For additional information regarding each sector if a request appears to be overlap please reference the following location: "www.cisa.gov/critical-infrastructure-sectors"

- ◯ Chemical Sector
- ◯ Commercial Facilities Sector
- ◯ Communication Sector
- ◯ Critical Manufacturing Sector
- ◯ Dams Sector
- ◯ Defense Industrial Sector
- ◯ Emergency Services Sector
- ◯ Energy Sector
- ◯ Financial Services Sector
- ◯ Food and Agriculture Sector
- ◯ Government Facilities Sector
- ◯ Healthcare and Public Health Sector
- ◯ Information Technology Sector
- ◯ Nuclear Reactors, Materials, and Waste Sector
- ◯ Transportation Systems Sector
- ◯ Waste and Wastewater Systems Sector

15. Choose which CISA CI Region this request supports *

For additional information regarding each region for the request please the folllowing location:
"www.cisa.gov/cisa-regions"

- ◯ Region 1
- ◯ Region 2
- ◯ Region 3
- ◯ Region 4
- ◯ Region 5
- ◯ Region 6
- ◯ Region 7
- ◯ Region 8
- ◯ Region 9
- ◯ Region 10

16. Explain in detail how this will be used or why you think the Explosive Blast Model will benefit your facility or your stakeholder's facility: *

Paperwork Burden Notice:
The public reporting burden to complete this information collection is estimated at 10 minutes per form response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. The collection of information is voluntary. 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, 245 Murray Lane, SW, Mail Stop 0640, Arlington, VA 20598-0640 ATTN: PRA [OMB Control No. 1670-00XX].

Privacy Act Statement
Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why CISA is requesting the information on this form.
AUTHORITY:
CISA is authorized to collect the information requested on this form pursuant to 6 U.S.C. § 652, including the authority provided by 6 U.S.C. § 652(c)(5), (11) (authorizing CISA to provide assistance to federal and non-federal entities to enhance the security and resiliency of critical infrastructure) and 6 U.S.C. § 652(c)(10) (authorizing CISA to engage in stakeholder outreach and engagement).
PURPOSE:
CISA is requesting this information to collect stakeholder location and facility information from entities wanting to participate in the Explosive Blast Modeling program. CISA will use this information to contact stakeholders and schedule Explosive Blast Modeling services.
ROUTINE USES:
The information requested on this form may be shared externally under a “routine use” to other government agencies and stakeholders to assist the Cybersecurity and Infrastructure Security Agency in providing services. A complete list of the routine uses can be found in the system of records notice associated with this form, “Department of Homeland Security/ ALL/-002 Department of Homeland Security (DHS) Mailing and Other List System”, November 25, 2008, 73 FR 71659. The Department’s full list of system of records notices can be found on the Department's website at http://www.dhs.gov/ system-records-notices-sorns.
CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:
Providing this information to is voluntary. However, failure to provide this information may delay or prevent the delivery of CISA services.

For questions where answers may be provided in open text fields, CISA is not requesting that answers contain any form of Personally Identifiable Information (PII), unless explicitly stated otherwise. Do not put PII in any open text fields where it is not requested.