

DEPARTMENT OF HOMELAND SECURITY

Chemical Security Assessment Tool (CSAT) User and Facility Registration Form

Please read the instructions carefully before completing this form. The instructions must be available during completion of this form.

Section A: Organization for the	Facility								
1. Name of Organization			2. Notification Code						
				ļ					
Section B: Facility Location Info	ormation								
3. Name of Facility]	4. NA	ICS Co	de for th	e Facility	5. DUN	IS Identification Code	
								1	
6a. Physical Address 6b. City		ity			6c. State			6d. Zip Code	
		1							
6e. County 7a. Latitude 7b. Longitude			;	8. Ad	ditional n	on-street location i	nformatio	on:	
Section C: Facility Owner or Op	orator								
9. Facility Owner				10 F	acility On	erator			
				10. Facility Operator					
Section D: User Information									
11. User Role: OPreparer OSu	ubmitter (Other							
12. CSAT User Name				13. CVI Authorized User Number					
14. User Name									
14a. First Name 14b. Last N			ast Na	ame 14			c. Middle Initial		
15. User Mailing Address Informatio	'n								
15a. Mailing Address		15b. City				15c. State		15d. Zip Code	
16. User Contact Information									
16a. Phone Number	16b	. Phone Exten	sion	17. E	mail Addı	ress			
18. Is the User a U.S. Citizen?	/			<u> </u>			∩ Yes	◯ No	
19. Is the User domiciled in the U.S.	?						∩ Yes	◯ No	



Section E: Authorizer Information							
The authorizer verifies that the user account	request i	s valid on behalf	of the own	er of the facility or	r company.		
20. CSAT User Name 21 CVI Authori			zed User N	22. Job	22. Job Title		
23. Authorizer Name							
23a. First Name	2	23b. Last Name					23c. Middle Initial
24. Authorizer Mailing Address Information							
24a. Mailing Address	24b. City		25c. State			25d. 2	Zip Code
26. Authorizer Contact Information							
26a. Phone Number	26b. Phone Extension 27. E			Address			
28. Is the Authorizer a U.S. Citizen?					⊖Ye	S	⊖ No
29. Is the Authorizer an Officer of the Corpor	29. Is the Authorizer an Officer of the Corporation or designated by an Officer of the Corporation?						∩No
30. Is the Authorizer domiciled in the U.S.?					∩Ye	S	◯ No
Section F: Environmental Protection	Agency	(EPA) Risk M	anagemei	nt Program (RN	(IP) Facility I	denti	fier
31. Does the facility operate under any EPA			-		⊖ Yes		⊖ No
32. EPA RMP Facility Identifier							
Section G: Co-located Facility							
33. Specify the facility's location:							
33a. The facility is a host to a co-located				ity is a co-located	•		33c. Not Applicable
If the facility is a host or tenant, enter the na 34a. Host/ Tenant Facility	me of the	host or tenant fa	-	s corresponding E / Tenant EPA RMI		ility Ide	entifer
			540.11030				
Section H: Additional Facility Informa	ation						

35a. Parent Company 1	35b. Parent Company 1 DUNS	35c. Parent Company 2	35d. Parent Company 2 DUNS					



Section I: Signatures					
36a. User Name	36b.User Signature	36c. Date			
37a. Authorizer Name	37b. Authorizer Signature	37c. Date			
38a. Authorizer CSAT User Name	38b. Authorizer CVI User Number	38c. Date			



PRIVACY ACT STATEMENT

- 1. Authority: Section 550 (c) of Public Law 109-295 and implementing regulations, 6 CFR Part 27.
- 2. **Purpose:** DHS will use the information provided in this form to register a new CSAT user and a facility.
- 3. Routine Uses: The Personal Identifiable Information (PII) will be used by and disclosed pursuant to a published Privacy Act System of Records Notice. CFATS PII is collected under the General Information Technology Access Account Records System (GITAARS) <u>http://edocket.access.gpo.gov/2008/E8-10895.htm</u> DHS/ALL-004
- 4. **Disclosure:** Furnishing this information is required pursuant to Section 550 (c) of Public Law 109-295 and implementing regulations, 6 CFR Part 27.

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 OMB Control Number. The valid OMB Control Number for this information collection is 1670-0007.

INSTRUCTIONS

The instructions for completing this form can be found in the CSAT User Registration User Guide. The User Guide is available at www.dhs.gov/chemicalsecurity.