

DEPARTMENT OF HOMELAND SECURITY Chemical Security Assessment Tool (CSAT) Transfer of Responsibility from an Absentee User

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

Section A: Facility Identification Information									
1. Facility ID Number		2. Facility N	2. Facility Name						
Section B: User Information for the Absentee Individual									
3. CSAT Username	4. CVI Authorized User Number	5a, First Name	5b Last Name	5c. Middle Initial					

3. CSAT Username	4. CVI Authorized User Number	5a. First Name	5b. Last Name	5c. Middle Initial

Section C: New User Information								
6. CSAT Username 7. CVI Authorized User Number		er Number	8a. First Name		8b. Last Name	8c. Middle Initial		
9a. Mailing Address 9b. City		9c. State		9d. Zip Code				
10a. Phone Number 10b. Phone I		Extension 11. Email Address						
12. Is the user a U.S. Citizen?						No		
13. Is the user domiciled in the U.S.?						⊖Yes	◯No	
Section D: Signatures								
14a. User Name		14b.User Signature			14c. Date			
15a. Authorizer Name			15b. Authorizer Signature			15c. Date		
16a. Authorizer CSAT User Name		16b. Authorizer CVI User Number			16c. Date			



PRIVACY ACT STATEMENT

- 1. Authority: Section 550 (c) of Public Law 109-295 and implementing regulations, 6 CFR Part 27.
- Purpose: This form should be used when a facility realizes that a CSAT user is absent and would like to transfer their facility's responsibilities to a different user. The responsibilities must be transferred to an existing CSAT user. The existing CSAT user must be a preparer or submitter.
- 3. Routine Uses: The Personal Identifiable Information 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.