



**NOTIFICATION OF CHEMICAL-TERRORISM VULNERABILITY (CVI) ACCESS  
OR DISCLOSURE TO A NON-CVI AUTHORIZED USER DURING  
AN EMERGENCY OR EXIGENT CIRCUMSTANCE**

**Contact Information for Individual Reporting:**

1a) Are you a CVI Authorized User? <input type="checkbox"/> Yes <input type="checkbox"/> No	1b) If yes, provide CVI Authorization Number: CVI -
2) Name: (Last, First, MI)	3) Phone Number:
4a) Chemical Security Assessment Tool (CSAT) Facility ID #	4b) Facility Name:

**Relevant Details about the Emergency or Exigent Circumstances**

5) Date CVI was Shared:	
6) Who Received the CVI?	Name: <input type="text"/> Agency: <input type="text"/>
7) Reporting Statement:	<input type="checkbox"/> I disclosed CVI to an individual who was not a CVI Authorized User but had a need to know. <input type="checkbox"/> I provided access to an individual who was not a CVI Authorized User but had a need to know. <input type="checkbox"/> I transferred possession of CVI to an individual who was not a CVI Authorized User but had a need to know. <input type="checkbox"/> Other: _____
8) Method of Transmittal:	
9) Reasons for emergency or exigent access/disclosure:	
10) Justification:	

**My statements in this submission are true, complete, and correct to the best of my knowledge an belief and are made in good faith. I understand that a knowing and wilful false statement on this form can be published by fine or imprisonment or both (see section 1001 of title 18, United States Code).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**DEPARTMENT OF HOMELAND SECURITY**

**NOTIFICATION OF CVI ACCESS OR DISCLOSURE TO A NON-CVI AUTHORIZED USER DURING AN EMERGENCY OR EXIGENT CIRCUMSTANCE**

**(Read the following instructions carefully before you complete this form.)**

**GENERAL:** This form should be used in the event a covered person discloses CVI under emergency and exigent circumstances without standard precaution required by the regulations, 6 CFR Part 27. Notifying DHS will ensure appropriate mitigation actions to take place to protect the disclosure of CVI.

1. Indicate your CVI number on the form. If you do not know your CVI Authorized User ID number, please contact the help desk for assistance.
2. Please provide your full name.
3. Please provide a phone number where you can be reached at. When providing your phone number, only input numeral digits into the given space.
4. Please provide the the name of your facility or the facility who's CVI was shared and the CSAT facility's ID number. If you do not know the CSAT facility ID number, please contact the help desk.
5. To input the date of when CVI was shared, click in the given space and an arrow pointing downwards should pop up. Click on the arrow and you can choose your date from the calendar.
6. Please provide the name(s) and which agency/facility they represent.
7. Please check which best describes the type of sharing which occurred.
8. Please provide the method of transmittal. How was the CVI shared? (e.g., told over phone, e-mailed, etc.)
9. Please describe in full detail the reasons for the emergency or exigent access/disclosure.
10. Please provide the justification on the Need to Know.

**WHEN TO FILE:** In accordance to Section 550 of P.L. 109-295, the implementing regulations 6 CFR Part 27.

**WHERE TO FILE:** This form can be submitted to DHS via mail at Mail Stop 8100, Department of Homeland Security, Washington, DC 20528-8100. Keep a copy of the completed form for your records.

**PRIVACY ACT STATEMENT**

1. **FORM/TITLE:** Department of Homeland Security (DHS) DHS Form 9024, Notification of CVI Access or Disclosure to a Non-CVI Authorized User During an Emergency or Exigent Circumstance.
2. **AUTHORITY:** Section 550 (c) of Public Law 109-295 entitled, Making Appropriations of the Department of Homeland Security for the Fiscal Year Ending September 30, 2007, and for other purposes (October 4, 2006), directs DHS to protect from public disclosure "information developed under [Section 550], including vulnerability assessments... and other security related information records and documents..." As required by Section 550, DHS Promulgated CFATS as an interim final rule in April 2007. See 6 CFR Part 27; 72 Fed. Reg. 17688
3. **BURDEN STATEMENT:** The public reporting burden for this form is estimated to be 15 minutes. The burden estimate includes time for reviewing instructions, researching the situation, gathering and maintaining the needed data, and completing and submitting the form. You may send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to:  
 NPPD / IP / Infrastructure Security Compliance Division  
 Attention: CFATS Project Manager  
 U.S. Department of Homeland Security  
 Mail Stop 8100  
 Washington, DC 20528-8100

**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-NEW. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**For questions and assistance, please call the CFATS Helpdesk at 1-866-323-2957**

Monday - Friday 7:00a.m. - 7:00p.m., Eastern Time

Not open on federal holidays