

OMB No. 1670-0007 Expiration Date: May 31, 2011

DEPARTMENT OF HOMELAND SECURITY

Chemical Security Assessment Tool (CSAT) Facility Information Change Request

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

Section A: Organization	n for the Fac	ility							
Name of Organization					2. Notification Code				
Section B: Facility Location Information									
3. Name of Facility			4. NA	4. NAICS Code for the Facility 5. DUN			S Identification Code		
6a. Physical Address		6b. City			6c. State		•	6d. Zip Code	
6e. County	7a. Latitud	de	7b. Longitud	Longitude 8. Additional non-street location information:			n:		
	, and a second s]				
			L						
Section C: Facility Own	er or Operat	or							
9. Facility Owner						10. Facility Operator			
Section D: Environmen	Section D: Environmental Protection Agency (EPA) Risk Management Program (RMP) Facility Identifier								
11. Does the facility operate under any EPA RMP covered process(es), i.e. Program 1,2,or 3?									
12. EPA RMP Facility Identifier									
Section E: Co-located F	acility								
13. Specify the facility's loca	ation:								
☐ 13a. The facility is a host to a co-located tenant facility ☐ 13b. The facility is a co-located tenant facility ☐ 13c. Not Applicable									
If the facility is a host or tenant, enter the name of the host or tenant facility and its corresponding EPA RMP Facility Identifer									
14a. Host/ Tenant Facility					14b. Host/ Tenant EPA RMP				
Section F: Additional Facility Information									
15a. Parent Company 1	15b. Parent Co	ompan	y 1 DUNS		15c. F	Parent Company 2	15d. Parer	nt Company 2 DUNS	



Section G: Signatures							
16a. User Name	16b.User Signature	16c. Date					
17a. Authorizer Name	17b. Authorizer Signature	17c. Date					
18a. Authorizer CSAT User Name	18b. Authorizer CVI User Number	18c. Date					



PRIVACY ACT STATEMENT

- 1. Authority: Section 550 (c) of Public Law 109-295 and implementing regulations, 6 CFR Part 27.
- Purpose: DHS will use the information provided in this form to updated previously submitted facility information.
- 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) http://edocket.access.gpo.gov/2008/E8-10895.htm 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.